



West Hills Community College District
CAMP Application Packet
Coolinga Lemoore North District Center, Firebaugh

College Assistance Migrant Program

West Hills Community College District
1511 Ninth Street
Firebaugh, CA 93622

Check List

Please submit the following items together with you application. Your Application will not be considered until all documents completed.

- 1. CAMP Application
- 2. Autobiographical Essay (page 3)
- 3. Letter of Recommendation (page 6)
- 4. High School Transcripts
- 5. CAMP Contract (page 7)
- 6. Migrant ID Number or Verification of Employment

Please Return Completed Application to:

Eliseo Gamiño
CAMP Director

eliseogamino@whccd.edu

North District Center
1511 Ninth Street
Firebaugh, CA 03266
559 934-2974
559 659-1473
800-266-1114 ext. 2967
FAX 559-934-2893

Lupe Bañales
CAMP Advising Specialist

lupebanales@whccd.edu

West Hills College Lemoore
555 College Ave
Lemoore, CA 93245

West Hills College Coalinga
300 Cherry Lane
Coalinga, CA 93210
559 925-3691
800-266-1114 ext. 3691
FAX 559-925-3866

Olivia Contreras
CAMP Advising Specialist

oliviacontreras@whccd.edu

North District Center
1511 Ninth Street
Firebaugh, CA 03266
559 934-2981
800-266-1114 ext. 2981

Personal Information

Please Print (use blue or black ink) or Type

Date: _____ / _____ / _____

Name: _____
Last Name First Name Middle Name

WHC ID Number: _____ SS# _____

Permanent Mailing Address: _____
Number & Street City Zip

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Birth Date: _____ / _____ / _____

Birthplace: _____
City State Country

Gender: Male Female

Ethnic Background: (check one) African - American Filipino(a) Native American
 Anglo American Asian/Pacific Islander
 Hispanic Mexican - American Chicano(a)
 Other _____

Have you ever applied for Financial Aid? Yes No

Education

What high school did you attend? _____

In what city? _____

When will/did you graduate from high school or complete your GED? _____ / _____
Month Year

List colleges and universities previously attended, if any:

Name: _____ Where: _____
At West Hills College,
what do you plan to study? _____

Major(s) / Interest
Were you or are you now a participant in: Migrant Education Upward Bound
 EOPS Other: _____

Your GPA: _____ Expected West Hills College Entry _____ / Fall
_____ / Spring

Have you already taken the following required exams? When?

Math Placement Exam: Yes No When? _____

English Placement Exam: Yes No When? _____

Academic Honors & Extracurricular Activities

Please list extracurricular community, family activities and hobbies.

For example, musical instrument played, school newspaper, etc. Attach extra sheet if necessary.

Activity	Years of Participation	Position held or honors won

Family Information

Father's Name: _____
 (legal guardian) Last Name First Name Middle Name

Father's Work: _____
 Position Company Name

Mother's Name: _____
 Last Name First Name Middle Name

Mother's Work: _____
 (legal guardian) Position Company Name

Household Size: _____ Family Gross Income/Year: \$ _____

Parents highest level of education. Father _____ Mother _____

Primary Language? English Not English (Spanish, Hmong, etc)

Did anyone in the family ever attended college? Yes No

Who? _____ Where? _____

Graduated? Yes No

Autobiographical Statement

On a separate sheet of paper, please submit a typed double-spaced essay describing in detail the following three points:

- Why is an education important to you?
- What motivates you to succeed academically?
- Who has motivated you to do well in school?

You may add additional comments that you would like us to know about you. Your autobiographical statement is an important part of your application, so be sure to take the time to write a good autobiography. (It must be a full one to two pages long.)

CAMP Program You Are Applying For

Coalinga Campus Lemoore Campus North District Center, Firebaugh

Student Signature (required of all applicants)

Release of Confidential Records

I understand that it may be necessary for the CAMP program staff to obtain records from other WHC departments in order to verify my current academic and financial status. I give my permission for such records to be obtained.

Marketing Release

I hereby give my consent to be interviewed, questioned, make comments, be photographed, videotaped, or otherwise recorded, etc. for use in marketing materials and/or outreach for West Hills Community College District and/or CAMP.

CAMP Agreement

I understand that if I am determined to be eligible, the WHC College Assistance Migrant Program will make available the academic resources to assist me in completing my first year of college. I understand that in order to continue to receive financial and academic assistance from CAMP, I must fully participate in CAMP-related activities and remain in good academic standing. I certify the the information in my application is true and correct to the best of my knowledge.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Eligible for CAMP: YES NO Datatel ID: _____

Date Eligible: _____ / _____ / _____

If eligible for CAMP,
verification used: Verification Form HS Migrant Education Identification #

CAMP Director: _____

Comments: _____

Verification of Status

Instructions To The Student

If you would like to be considered for admission to CAMP, please complete only one of the following as required by the Migrant Education Program.

- Verification of Migrant Education Status
 Verification of Farm worker Employment Status

If you chose, take this "Employment Status" form to the employer and ask them to complete the form. They should then mail the form back to the CAMP Office listed below. Please respond as soon as possible so that we may begin to establish your eligibility. Remember, openings are limited.

Verification of Migrant Education Status

High School Migrant Education Identification # _____

Can be obtained from your Migrant Counselor

Special Note: If you have an Identification # you do not need to complete the next section titled "Verification of Farm worker Employment Status"

Verification of Farmworker Employment Status

Dear Employer:

The following student, _____ has applied to the College Assistance Migrant Program (CAMP) at West Hills College. In order to be eligible for the program the student must be a migrant/seasonal farm worker (or the dependent of a migrant/seasonal farm worker). The student has indicated that the person listed below was employed by you as a farm worker within the last two years. The purpose of this form is for you to verify his/her employment. After completing this form please return to:

West Hills College North District Center
 College Assistance Migrant Program
 1511 Ninth St
 Firebaugh, CA 93622

For purpose of the program, farm work may include any activity directly related to the production of crops, dairy products, poultry or livestock, or the cultivation or harvesting of trees, or any activity directly related to fish farms. This farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishment.

Name of Employee: _____
 Last Name First Name Middle Name

Dates Worked: Beginning: _____ / _____ / _____ Ending: _____ / _____ / _____

Type of Farm work: _____ Total days worked within the past two years: _____

Certification of Employer

I certify that the information provided is completed and accurate according to our records.

Name of Employer: _____
 Last Name First Name Middle Name

Mailing Address: _____
 Number & Street City Zip

Employer Signature: _____

Date: _____ / _____ / _____ Phone: (____) _____ - _____

Letter of Recommendation

Please detach this page and have a teacher or counselor complete the Letter of Recommendation.

Student Name: _____
Last Name
First Name
Middle Name

Phone Number: (____) _____ - _____

Recommended by
 Reference Name: _____
Last Name
First Name
Middle Name

Position Title: _____

School Name: _____

Mailing Address: _____
Number & Street
City
Zip

Phone Number: (____) _____ - _____

Please comment on the Student's academic performance

<i>Check only one box on each line.</i>		<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>	<i>No Comment</i>
ENGLISH	Oral					
	Writing					
	Reading					
Math						
Academic Discipline						
Attendance						
Extracurricular Involvement						

Additional Comments: _____

Reference Signature: _____



STUDENT SUPPORT SERVICES

CAMP PROGRAM

CAMP CONTRACT

Welcome to the Student Support Services Program. The CAMP Program wants to assist you in reaching your goals while you are enrolled in WHC. We look forward to working with you and helping you succeed in reaching your academic goals.

REQUIREMENTS OF ALL STUDENTS (Please initial each item with blue or black ink. Do not use pencil.)

- _____ 1. I agree to attend all enrolled classes. I agree to maintain an enrollment of 12 units per semester.
- _____ 2. I agree to meet with my CAMP (1) advisor (2) mentor/tutor at least twice during the semester:
 - (A) For semester review (including updating Student Educational Plan)
 - (B) to review next semester's schedule
- _____ 3. I agree to turn in my completed progress report on or before the due date and to maintain an overall GPA of 2.0 or better.
- _____ 4. If referred to Comprehensive Study Program (CSP), I agree to participate as needed and to keep the CAMP advisor/staff updated on my progress.
- _____ 5. I agree to participate in at least one study skills/advising workshop, social/cultural activity or field trip per semester. I will discuss any schedule conflicts with the counselor or program assistant.
- _____ 6. I agree to contact the CAMP office of any changes in my educational plan, status as a student, address and/or telephone number.
- _____ 7. I agree to enroll in a College Success Course (IS1 or IS7) as a freshman. This class is a CAMP Program requirement.

The Student Support Services Program will provide:

- 1. Comprehensive Study Program (CSP) additional instructional/tutorial support
- 2. Community and social services referrals.
- 3. Assistance in the financial aid application process, if requested.
- 4. Free field trips to stimulate academic, social, and cultural awareness.
- 5. Personal, academic, and financial aid counseling as well as referrals to other appropriate resources at West Hills Community College
- 6. Workshops, social and cultural activities
- 7. Priority registration

I have read and understand the program requirements and benefits with the Director or Advisor, and I agree to adhere to the above requirements. I permit the release of transcripts; grade reports, financial aid information, and other appropriate documentation to authorized Student Support Services staff and other Student Services personnel to assist them in helping me successfully complete my college education.

I understand that failure to comply with the terms of this contract may result in suspension or expulsion from the CAMP program and all services provided by CAMP.

Advisor/Director: _____ Date _____

Student _____ Date _____