

# WHCCD CAMP

West Hills Community College District  
College Assistance Migrant Program  
Admission Application



Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Contact Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Campus Attending: \_\_\_\_\_

West Hills Community College District  
9900 Cody Street  
Coalinga, CA 93210  
1-800-266-1114  
[www.westhillscollge.com](http://www.westhillscollge.com)

**Javier Cazares  
WHCCD CAMP  
9900 Cody Street  
Coalinga, CA 93210**

**Office: (559) 934-2176  
Email: javiercazares@whccd.edu**

**CAMP PROGRAM CONTRACT AGREEMENT**

*I certify that the information given on this application is true and complete to the best of my knowledge. If admitted to WHCCD CAMP, I agree to observe all the rules and regulations of WHCCD CAMP and WHCCD. Failure to do so could result in the dismissal from WHCCD CAMP*

Print Name Exactly as listed on High School Transcript or HSE Certificate: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Permanent Resident or US Citizen: \_\_\_\_\_

Adult T-Shirt Size: \_\_\_\_\_

**Name and address of 3 people with whom we may leave a message if you cannot be reached. Must reside outside of household.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Submit complete and accurate application to:**

**West Hills College Coalinga: [Domenica Sanchez/559-934-2174/domenicasanchez@whccd.edu](mailto:DomenicaSanchez@whccd.edu)**

**West Hills College Lemoore: [Lupe Banales/559-925-3691/lupebanales@whccd.edu](mailto:LupeBanales@whccd.edu)**

**West Hills College NDC: [Olivia Vega/559-934-2981/oliviavega2@whccd.edu](mailto:OliviaVega2@whccd.edu)**

**\*\* IMPORTANT: We have limited spaces. Early application is strongly encouraged.**

**PERSONAL INFORMATION**

Last Name	First Name	Middle Initial	Gender	Date of Birth (MM/DD/YY)
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Mailing Address (Number & Street):	Telephone Home/Cell:
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City	State	Zip Code
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Term you wish to Enroll: Fall (August) 20 \_\_\_ Spring (January) 20 \_\_\_ Summer (June) 20 \_\_\_

American College Test (ACT) Score (1-36) \_\_\_\_\_ Scholastic Aptitude Test (SAT) (Score 1-2400 or 1-1600) \_\_\_\_\_

Expected Major(s) \_\_\_\_\_ / \_\_\_\_\_

Who referred you to WHCCD CAMP?  
 \_\_\_ CAMP Student \_\_\_ Parent \_\_\_ Friend \_\_\_ Counselor \_\_\_ Outreach Event \_\_\_ Teacher \_\_\_ Employer \_\_\_ Service Agency \_\_\_ Other:  
 (Please list name) \_\_\_\_\_

Have you completed any college semester units? College/Universities Attended \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Units Completed \_\_\_\_\_ College/Universities Attended \_\_\_\_\_

<b>EDUCATION</b>	High School Graduation Date: _____
High School(s) Attended: _____	High School A-G GPA: _____
_____	_____

Do you have reliable transportation Yes \_\_\_ No \_\_\_ Do you have any impediments attending/completing classes? Yes \_\_\_ No \_\_\_

List impediments : \_\_\_\_\_

Has anyone in your household attended college? Yes \_\_\_ No \_\_\_ Who attended/Which college: \_\_\_\_\_

Did they graduate from college? Yes \_\_\_ No \_\_\_ Which college? \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, where, what is your schedule.

Number of people in your household: \_\_\_\_\_ Estimated total household annual income: \_\_\_\_\_

How are you paying for college? \_\_\_\_\_ Where will you live? \_\_\_\_\_

Do you wear glasses? Yes \_\_\_ No \_\_\_ Date of Last Exam \_\_\_\_\_ Name of Doctor \_\_\_\_\_

Needs Assessment Evaluation Score \_\_\_\_\_ Minimum Score of 10 required for consideration.

Selection Criteria Assessment Rubric		
Is CAMP participant:	YES	NO
Home Owner		
Renter		
Renter With Multiple Families		
Low-income - Based on Federal Guidelines		
Receiving services from WHCCD CAMP only		
Receiving Services From Other Program		
Receiving Services From Multiple Programs		
Placement Score Remedial or below		
Migrant Ed Program (MEP) participant		
BOGG/Pell Grant Recipient		

# CAMP Eligibility Verification

## WHCCD CAMP ELIGIBILITY

To be eligible to participate in CAMP, a person, or his or her parents, or immediate family member must have spent a minimum of 75 days during the past 24 months as a migrant or seasonal farmworker; or the person must have participated, or be eligible to participate under Migrant Education Programs or Employment and Training Administration, Department of Labor-Migrant and Seasonal Farmworker Programs.

A **Migrant Farmworker** means a seasonal farmworker whose employment required travel that prevented him from him or her from returning to his home within the same day.

A **Seasonal Farmworker** is a person who, within the past 24 months, was employed for at least 75 days in farmwork and whose primary employment was in a farmwork on a temporary or seasonal basis (that is, not a constant year-round activity).

In order to determine your seasonal /migrant farmworker status or Migrant Education Program (MEP) eligibility, you must answer all of the following questions:

1. Have you/spouse been employed in farmwork for at least 75 days within the last 24 months and the work is primarily farmwork on a temporary or seasonal basis?

YES                       NO

2. Have your parent(s) or any immediate family member been employed in farmwork for at least 75 days within the last 24 months and the work is primarily farmwork on a temporary or seasonal basis?

YES                       NO

3. Have you participated in a Migrant Education Program (MEP) ?

YES                       NO

COE Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Federal Poverty Guidelines	
PERSONS IN HOUSEHOLD	POVERTY GUIDELINE
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

Please select the type of farm-work/agricultural activity that you or your immediate family member have performed during the past 24 months:

**Type of Agricultural work performed**

- Crops/Fields   
  Dairy Products   
  Ranching   
  Fish Farming  
 Tree Farming   
  Poultry/Livestock   
  Forestry  
 Other \_\_\_\_\_

Name of person completing the work: \_\_\_\_\_

Job Duties and Responsibilities: \_\_\_\_\_

Employer Verification—CAMP Staff Only				
Name of Farm/employer on Check Stub/ W2 / Etc	Name of Employer Representative Contacted	Date	Number of Days Verified	CAMP Staff Signature



