

*College Assistance Migrant Program (CAMP)*

**NORTHERN New Mexico College**



# **CAMP Application Packet**



**Fall Semester Entry**

**Priority Deadline March 1**

**Secondary Deadline July 15**

**Northern New Mexico College**

**College Assistance Migrant Program**

**921 Paseo De Oñate St., Española, NM 87532**

**(505) 747-5493 | [stephanie@nmmc.edu](mailto:stephanie@nmmc.edu)**

# NNMC CAMP APPLICATION CHECKLIST

The following items must be included in the application packet for consideration to **NNMC College Assistance Migrant Program**:

1. Completed and signed Application Form. (See page 3)
2. Completed and signed **Migrant / Seasonal Farm Worker Employment Verification Form**. Please have your employer sign and confirm your paid days worked. MEP students: please have your (COE) signed by your MEP coordinator at the high school.
3. **Must be admitted as a Degree Seeking Student at Northern.**  
Include both:
  - A copy of final High School, HiSet, and GED Transcripts
  - A copy of ACT/SAT or Accuplacer Test Scores
4. Application deadline: **Priority Deadline March 1, Secondary Deadline July 15 for one-time entry Fall Semester.**
5. Application for Financial Aid for NNMC must be done and confirmation page must be attached.

**Please mail or hand deliver your CAMP Application to:**

Northern New Mexico College CAMP  
921 Paseo De Oñate  
Joseph Montoya Administration Bldg., AD 258  
Española, NM 87532

If you have any questions, please contact:

Stephanie McReynolds, CAMP Recruiter (505) 901-0710 or [stephanie@nmmc.edu](mailto:stephanie@nmmc.edu)

# NNMC CAMP APPLICATION

## PERSONAL INFORMATION

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Last Name	First Name	Middle Initial
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Female  Male **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #** \_\_\_\_/\_\_\_\_/\_\_\_\_

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PHYSICAL ADDRESS	STREET OR BOX NO.	CITY	STATE	ZIP CODE
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MAILING ADDRESS	STREET OR BOX NO.	CITY	STATE	ZIP CODE
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**Cell #** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Other Phone #** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email** \_\_\_\_\_

**Current High School** \_\_\_\_\_

**GED Center** \_\_\_\_\_

## QUALIFYING INFORMATION

1. Have you, your parents, guardian, siblings or spouse been employed for wages in agricultural related work for 75 days in the past 2 years?  **YES**  **NO**
2. Have you recently been enrolled in Title 1, Migrant Education Program?  **YES**  **NO**
3. Have you qualified for the Workforce Investment Act Section 167 (NFTA)?  **YES**  **NO**
4. Have either of your parents received a 4 year college degree?  **YES**  **NO**
5. Have you completed the FAFSA?  **YES**  **NO**  
Are you eligible to receive financial aid?  **YES**  **NO**
6. Did you graduate from high school?  **YES**  **NO**  
Name of High School \_\_\_\_\_
7. Did you graduate from Adult Education?  **YES**  **NO**  
Name of AE Center \_\_\_\_\_
8. Have you taken any Dual Credit Classes?  **YES**  **NO**  
How many credits did you complete? \_\_\_\_\_

# NNMC CAMP APPLICATION *continued*

## NNMC/CAMP SERVICES PROVIDED

Please circle as many as you feel you are interested in:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Tutoring/Study Skills | <input type="checkbox"/> Cultural Enrichment  | <input type="checkbox"/> Computer Laptop Loan              |
| <input type="checkbox"/> Mentoring Program     | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Computer Labs/Printing            |
| <input type="checkbox"/> Childcare Referrals   | <input type="checkbox"/> Career Assistance    | <input type="checkbox"/> Individual Educational Advisement |
| <input type="checkbox"/> Learning Support      | <input type="checkbox"/> Bilingual Support    | <input type="checkbox"/> Mental/Physical Support           |

## EMERGENCY CONTACT INFORMATION

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Emergency Contact Name	Relationship to you	Contact Number
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I certify that all the information is correct to the best of my knowledge. I give NNMC CAMP permission to access my educational records, which includes my records from MEP, HEP, ABE, High School and NNMC Admissions/Financial Aid and other Colleges.

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Signature*	Date
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**\*\*\* For digital/onscreen form-filling, first finish onscreen, save file, then print out, and sign above. \*\*\***

**NNMC CAMP, 921 Paseo De Oñate, Española, NM 87532  
Room AD 262, Joseph A. Montoya Administration Building  
(505) 747-5491**

# CAMP VERIFICATION FORM

Students may qualify for CAMP based on history of Migrant or Seasonal Farm Work for **wages 75 days in the past 24 months** that was performed by the student, parent(s), legal guardian, sibling, spouse, or partner living in the same household **OR** participated in a Title 1 Migrant Education Program or Title 1 Section 167 Migrant and Seasonal Farm-worker Programs of the Workforce Innovation and Opportunity Act.

STUDENT NAME: \_\_\_\_\_

## SECTION A: VERIFICATION OF MIGRANT EDUCATION

**Section A is to be filled out by the Migrant Education Representative, High School Counselor, Home School Consultant, or other Migrant Agency Representative.**

**Agency/Program Statement:** I certify student participation status and the contact information provided is complete and accurate according to our records.

NAME OF MIGRANT EDUCATION PROGRAM COORDINATOR		PHONE NUMBER	
ADDRESS: PO BOX/STREET	CITY	STATE	ZIP CODE
SIGNATURE*	TITLE	DATE	

## SECTION B: VERIFICATION OF MIGRANT OR SEASONAL FARMWORKER STATUS

**Prospective Student Statement:** I meet the eligibility requirement based on myself or a family member residing in my household who meets the Migrant/Seasonal Farm Worker criteria.

CIRCLE ONE:    Myself    Father    Mother    Sibling    Spouse    Partner    Legal Guardian

NAME OF QUALIFYING PERSON (print)	SIGNATURE*	DATE
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**Employer Statement:** I certify the information provided below is complete and accurate according to our records.

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Farm Work: \_\_\_\_\_

Work Dates (month/year): Beginning \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Ending \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Beginning \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Ending \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR

Total days worked in past 2 years: \_\_\_\_\_ How was work paid? \_\_\_\_\_ Total: \$ \_\_\_\_\_

Employer Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* For digital/onscreen form-filling, first finish onscreen, save file, then print out, and sign above. \*\*\***

### FOR OFFICE USE ONLY:

Name of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Notes: