

College Assistance Migrant Program (C.A.M.P)

Application

The College Assistance Migrant Program provides assistance to first-time college students who are from agricultural farmworker families to enable them to successfully complete their college freshman year.

All prospective CAMP students need to be accepted to MDC in order to be considered for CAMP. Students that have been accepted to MDC and have submitted all requested documentation for CAMP will have first priority. As MDC/CAMP offers 36 scholarships, openings are limited

C.A.M.P Eligibility Checklist:

- Must be U.S Citizen or U.S Permanent Resident
- Be a first-year incoming student/ or below 24 credit hours (not including dual enrollment)
- Participated in the Migrant Education Program (MEP) OR from a Migrant/Seasonal farm working family.

C.A.M.P Eligibility Checklist:

- CAMP Application Form
- Essay
- Letter of Recommendation
- Copy of official high school or GED transcripts
- Copy FAFSA SAR Report
- Certificate of Eligibility (COE) or Verification of Employment Status

Getting Started at MDC Checklist

- Complete the admissions application
- Create your MDC student account
- Establish residency for tuition purposes
- Apply for financial aid
- Submit proof of high school graduation and college transcripts
- Send placements scores
- Complete "Online Shark Prep"
- Attend Shark Start Orientation

IMPORTANT

Please use black or blue ballpoint pen to complete the application.

It is the applicant's responsibility to ensure that all application materials are received.

Incomplete applications will not be considered.

If you need help with any of the forms or have any questions about your CAMP Program application status, please contact: Alicia Contreras, at 305-237-5184 or Jaqueline Villatoro at 305-237-5039



CAMP APPLICATION

Personal Information

Full Legal Name _____ MDCID _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Birthplace Country _____ Date of Birth MM/DD/YYYY _____

Emergency Contact _____ Relationship _____ Phone Number _____

Is English your Second Language? Yes NO

Gender Male Female Self-Identity: _____

Citizenship

- U.S Citizen
- Permanent Resident
- Non- U.S. Citizen

Ethnicity (Optional)

- African American
- Hispanic
- American Indian
- Asian/Pacific Islander
- Other (specify) _____

How did you learn about the CAMP Program?

- C.A.M.P Staff CAMP Student Migrant Education Program (MEP)
- Mexican American Council High School Equivalency (HEP) High School _____

Program Eligibility

Have you ever participated in a Migrant program at school? Yes No If yes, which one?

(ie., Title 1 Migrant Education Program (MEP), HEP, or Farmworker Career Development Program)

Have you or a family member ever worked in agriculture? Yes No

If yes, type of work performed (i.e., picking, packing, weeding, grading, etc.) _____ Type of Crop _____

Please submit a copy of your COE or Verification of Employment status.

FAMILY

Parent's 1 Full Name

Phone Number

Parent 1 Highest

None

High School (Grade: _____)

Associate Degree

Level of Education

Elementary (Grade: _____)

High School Diploma

Bachelor's degree

Middle (Grade: _____)

College/University (Credits: _____) Graduate Degree

Parent's 2 Full Name

Phone Number

Parent 2 Highest

None

High School (Grade: _____)

Associate Degree

Level of Education

Elementary (Grade: _____)

High School Diploma

Bachelor's degree

Middle (Grade: _____)

College/University (Credits: _____) Graduate Degree

Financial Eligibility

As a federal funded program, we are required to provide documentation of your eligibility for our program to the U.S. Department of Education in order to meet CAMP regulations.

Please select the status for the _____ tax year.

I was a dependent student (someone else claimed me on their taxes)

I was an independent student (meet one or more criteria below)

-24 years of age or older

-Have dependent child(ren)

-Foster Care Youth

-Married

-Military Veteran

-Homeless

Family Size

If you are a **dependent student** – include yourself, your parents, siblings, and any other person supported by your parents. Income Reported

_____ Family Size Reported

If you are **independent** – include yourself, spouse, children, and any other \$ person supported by you.

\$ _____ Income Reported

Have you submitted your Free Application for Federal Student Aid (FAFSA)? Yes No

Academic Information

High School Name: _____

High School Unweighted GPA: _____

Highschool Diploma: _____

-OR-

MM/YYYY

General Education Diploma: _____

MM/YYYY

Student Classification

New Student (no college credits) _____

Continuing MDC Student - Credit Hours earned: _____

Earned college credits in H.S (Dual Enrollment): _____

Intended Major: _____

Essay Questions

Answer one of the following essay prompts in 500- 700 words total following a typed, double-spaced format.

1. Describe how your migrant background shaped you and affected the way you see the world.
2. What or who motivated you to go to college and what are your academic and career goals?
3. You will face many challenges in college. Describe a challenge that you faced and how you overcame it. Be sure to outlined what skills / strengths you think led you to success.

Preliminary Agreement of Term and Conditions

Full Name _____

Scholar Agreement: Please read carefully and initial each section.

_____ I understand my commitment is for one **FULL** academic year (August - May) and I will be required to attend most CAMP activities, workshops, and events.

_____ I understand that I must attend CAMP's mandatory Summer Jumpstart and Retreat.

_____ I understand I need to maintain a 3.0 GPA, term and cumulative, throughout my participation in CAMP.

_____ I understand that I am responsible in communicating effectively with C.A.M.P staff concerning my academic performance.

_____ I understand that I must complete 30 tutoring hours per semester.

_____ I understand I must be enrolled full-time (12 credits) both Fall and Spring Semesters.

_____ I understand I must pass 24 credits in good standing by the end of Summer A (June 30, 2025).

_____ I understand that failure to meet any of the standards and obligations above can result in the termination of my scholarship and enrollment in the program.

I, the undersigned, certify that all information provided within this application is correct to the best of my knowledge and that any incorrect information will result in immediate from the program. I further attest to meet all eligibility requirements. I understand that if I am accepted into the CAMP program, I am expected to attend college on a full-time basis. Failure to do so will result in being ejected from the program and all its benefits. Furthermore, as good academic standing is the goal of the program, I will come in for academic tutoring when prompted by CAMP staff to do so. I understand that it may be necessary for the CAMP program staff to obtain records from other Miami Dade College departments in order to verify my current academic and financial status. I give permission for such records to be obtained.

Signature: _____ Date: _____

College Assistance Migrant Program
Homestead Campus, Building D, Room 203
500 College Terrace
Homestead, FL 33030



