Application for Admittance

College Assistance Migrant Program
SUNY College at Oneonta
111 Wilsbach Hall
Oneonta, New York 13820

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College Assistance Migrant Program Application

Student’s Information:
Name __________________________________________    SSN ________________________
Address ________________________________________    City ________________    State _______    Zip __________
Daytime Phone # _________________    Evening Phone # ___________________
Date of Birth __________________    E-Mail Address __________________________________

Parents’ Information:
Last Name(s) ____________________________________    Father _________________    Mother _________________
Address _________________________________    City ____________________    State _______    Zip _____________
Daytime Phone # _________________    Evening Phone # _________________
** If no phone is available, how to contact ** ______________________________________________________________

Please include a copy of your Social Security Card to process your CAMP Stipend.

Educational Information:
High School Attended ________________________________________________
Date you expect to receive your high school or GED diploma _________________
You are applying as a: □ First time freshman    or □ Transfer (Continuing freshman)
High School GPA or GED score ___________________ SAT or ACT Score _________________
Expected Major ________________________________________________________

Family Income Range
Circle the letter corresponding to your family’s gross income, as reported on the federal income tax form. If parents are separated or divorced, you should report the income in the house where you reside for most of the year. If your situation is described by the letters S, T, W below circle the corresponding letter. Your answers here will not impact financial aid decisions.

A $0–14,999    E $65,000–84,999    Number in household _______________
B $15,000–29,999    F $85,000–104,999
C $30,000–44,999    G $105,000–124,999
D $45,000–64,999    H $125,000–144,999
S Your family receives payments from a NY county Department of Social Services (i.e., ADC, AFDC, or welfare).
T You live with foster parents who do not provide money for college, nor do your natural parents provide support.
W You are ward of the state or county.

Please check your answers below:
What is the highest school your mom completed?
□ Elementary School    □ Middle School/Jr. High    □ High School    □ College or beyond    □ Other/Unknown

What is the highest school your dad completed?
□ Elementary School    □ Middle School/Jr. High    □ High School    □ College or beyond    □ Other/Unknown

What is your biggest concern about attending college?
□ Loss of family income    □ Not prepared academically
□ Not enough money to attend    □ Other ____________________________
**Personal Statement**
Please type an essay telling us about yourself, your family background (including work history), your experiences, and your academic and career goals. Write about your hobbies, interests and hopes for the future. Help us get to know you.

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**Student Responsibilities:** Please read and initial each student responsibility statement

I will:

_____ Attend every class except when I am so ill I cannot do so. When I am ill I will immediately contact the instructor of each class missed so that I can make up needed work.

_____ Maintain a course load of at least 12 semester hours.

_____ Consult with CAMP staff prior to dropping or adding any classes.

_____ Attend all required tutoring sessions and attend extra tutoring sessions if my monthly academic assessment, professor, and/or the CAMP staff feel it will be beneficial to my academic progress.

_____ Complete all required coursework on time and to the best of my ability.

_____ Attend CAMP summer orientation.

_____ Refrain from joining any fraternity or sorority during my first year with the CAMP program

_____ Attend weekly group meetings, and/or participate in weekly CAMP group activities and programs.

_____ Not accept work off-campus.

_____ Meet with Counselor on a weekly basis, and inform any of the staff if I am having personal or academic difficulties, so that the appropriate help can be secured.

_____ Abide by the standards in the Student Handbook and understand that students who violate these standards are subject to dismissal from the College.

_____ Meet with my professor, hand in my monthly academic assessments by the due date.

_____ Forfeit my weekly stipend if I do not comply with CAMP contract.

Please agree with the following:

_____ I agree that my parent(s) or guardian may be contacted if there is any concern for my well-being during my participation in CAMP.

_____ I am aware that if I do not abide by this agreement, I could lose my CAMP scholarship.

_____ Transportation: CAMP staff may transport CAMP participants to services when the student has no access to transportation. CAMP staff will maintain a valid NYS driver’s license.

_____ I give permission for the NYS Office of Migrant Education to release my records and information to the SUNY Oneonta CAMP.

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*I understand my responsibilities as an Oneonta–CAMP student as described in the statements above. I am aware that if I do not abide by this agreement, I could lose my CAMP scholarship and may be dismissed from the Oneonta–CAMP program.*

*I understand that the College requires all students to abide by the standard of conduct as described in the Student Handbook, and that students who violate these standards are subject to dismissal from the College at Oneonta.*

Student Signature _________________________________________    Date ________________
Parent/Guardian Responsibilities:

☐ I understand that it is my obligation to emotionally and financially support my son/daughter while he/she is enrolled in the College Assistance Migrant Program.

☐ I will not request my son's/daughter's absence from any class or time at school unless there is a family emergency (i.e. a death or severe illness).

☐ I understand that it is my responsibility to inform the CAMP counselor or staff if I have any concern about my son/daughter while he/she is a Oneonta-CAMP student.

I understand my responsibilities as an Oneonta-CAMP student’s Parent/Guardian as described in the statements above. I am aware that if I do not abide by this agreement, my son/daughter could lose his/her CAMP scholarship and may be dismissed from the Oneonta-CAMP program if I do not fulfill my responsibilities.

Parent/Guardian Signature _________________________________________    Date ________________

Release Form

The College Assistance Migrant Program collects and retains data and information about students for the express purpose of identifying students and facilitating the student’s educational development. The program recognizes the privacy rights of students by exercising control over what information may be disclosed, but at the same time attempts to balance the rights of the student with the institution's need for information relevant to the fulfillment of its educational mission.

I, _________________________________, hereby give my permission to any member of the College Assistance Migrant Program staff to:

• Confer with my parent(s) or guardian and supply them with information regarding my academic progress.

• Confer with my professors and to use a Student Progress Form to secure information regarding my academic progress.

• Confer with the Registrar’s Office for updated class schedule and grades.

• Confer with any other person or entity we believe will assist in fulfilling your academic goal.

• Use my image or quotes for marketing purposes.

I do understand that I can withdraw this release of information at any time by notifying the CAMP program in writing of my wishes.

Name (print) ________________________________________________    Date __________________

Signature _____________________________________________________