

# C.A.M.P

## College Assistance Migrant Program

### SUNY College at Oneonta

#### 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.

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

- \_\_\_\_\_ 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.
- \_\_\_\_\_ All students will be full-time students and maintain a course load of 12 semester hours. (Consult with CAMP staff prior to dropping or adding any courses.)
- \_\_\_\_\_ Prior to dropping or adding any classes I will consult my Academic Counselor and notify the CAMP office.
- \_\_\_\_\_ I will attend all required tutoring sessions.
- \_\_\_\_\_ Do all required coursework on time and to the best of my ability.
- \_\_\_\_\_ I will attend CAMP summer orientation.
- \_\_\_\_\_ I will attend extra tutoring sessions if my monthly academic assessment, professor, and/or the CAMP staff recommend that it will be beneficial to my academic progress.
- \_\_\_\_\_ Attend weekly group meetings, and/or participate in weekly CAMP group activities and programs.
- \_\_\_\_\_ Freshmen students will not be allowed to work off-campus.
- \_\_\_\_\_ Meet with Counselor on a weekly basis, and inform any of the staff if you might be having personal or academic difficulties, so that the appropriate help can be secured.
- \_\_\_\_\_ 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 understand that to receive financial aid and support services from CAMP, I must be eligible for federal student aid and remain in good academic standing throughout my freshman year. I am aware that I cannot drop below 12 credit hours. I am aware that I must attend all required tutoring sessions. I am aware that if I do not abide by this agreement, I could lose my CAMP scholarship. I am also aware that I may be dismissed from the College at Oneonta's CAMP Program if I do not keep my part of this contract.
- \_\_\_\_\_ I understand that the college requires all students to abide by the standards in the Student Handbook. Students who violate these standards are subject to dismissal from the College.
- \_\_\_\_\_ I understand my monthly academic assessments must be in by the due date, if they are not my weekly stipend may be forfeited.
- \_\_\_\_\_ 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.

*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 if I do not fulfill my responsibilities.*

*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 and adjunct 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 \_\_\_\_\_