

# **ABRAHAM BALDWIN AGRICULTURAL COLLEGE**



**College Assistance Migrant Program**

**CAMP**

**ABAC 22, 2802 Moore Hwy  
Tifton, GA 31793-2601**

Toll Free 1-888-244-9096

Telephone 229-391-4880

Fax 229-391-4881

[www.abac.edu](http://www.abac.edu)

## INSTRUCTIONS TO COMPLETE THE CAMP APPLICATION:

We are glad you have decided to apply to the Abraham Baldwin Agricultural College, College Assistance Migrant Program. This instruction sheet was designed to assist you in completing all necessary forms for admission into ABAC/CAMP. All prospective CAMP students need to be accepted to ABAC in order to be considered for CAMP. Students that have been accepted to ABAC and have submitted all requested documentation for CAMP will have first priority. Remember, ABAC/CAMP can only serve 30 students, therefore, openings are limited. If you need help with any of the forms, please feel free to call the recruiter at 1-888-244-9096.

### Tips

- Do not leave any blank spaces on the applications.
- Read, sign, and date all applications
- Write your Social Security Number, home phone number, and an emergency contact number.
- If you are 17 and under, have your parent or legal guardian sign all forms.
- Keep a copy of every document for your own records.
- Have a professional e-mail for school and financial aid purposes.
- Apply for a Federal Student Aid Education Pin number at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

**All information will be kept confidential and used only to determine your eligibility and admission to the program.**

**ABAC application-** Complete online at [www.abac.edu](http://www.abac.edu) Date Completed \_\_\_\_\_

**Certificate of Immunization-** Print the form <http://www.abac.edu/admissions/forms.cfm> It must be completed by your doctor or local health department. TB skin test results must be documented along with your immunizations. **Date Sent** \_\_\_\_\_

**Official Transcript** - You must go to the high school guidance office or school counselor and request that an official transcript be sent to the CAMP office. If you are submitting a partial transcript, you must also send a final official transcript once you have graduated.  
**Date Sent** \_\_\_\_\_

**GED Transcript-** If you have earned a GED, you must submit a copy of your GED transcript.  
**Date Sent** \_\_\_\_\_

**CAMP application-**You must complete and sign the application. **Date Sent** \_\_\_\_\_

**Free Application for Federal Student Aid (FAFSA)**- Complete the FAFSA application online ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)), but you must keep a copy of the summary (SAR). A **copy** should be submitted to the recruiter. **Date Sent** \_\_\_\_\_

**Signed Parent Income Tax Form** -You should submit a **signed copy** of your parent's previous year Income Tax Form to the recruiter. **Date Sent** \_\_\_\_\_

**Parent W2s** -You should submit a copy of your parent's previous year W2s to the recruiter. **Date Sent** \_\_\_\_\_

**Signed Student Income Tax Form**-If you worked and filed an Income Tax Form, a **signed copy** of your income tax form must be submitted to the recruiter. **Date Sent** \_\_\_\_\_

**Birth Certificate**-A **copy** of your Birth Certificate must be submitted to the recruiter. If you are not a U.S. citizen, you must submit a **notarized & translated** version of your Birth Certificate along with a **copy** of the original document. **Date Sent** \_\_\_\_\_

**Signed Social Security Card**-You must submit a **signed copy** of your Social Security Card. **Date Sent** \_\_\_\_\_

**Driver's License/State I.D.**-A copy of your Driver's License or State I.D. must be submitted to the recruiter. **Date Sent** \_\_\_\_\_

**Resident Alien Card**-If you are not a U.S. citizen, you must submit a **clear copy** of your Resident Alien Card (front and back). **Date Sent** \_\_\_\_\_

**Recommendation Forms**-You must take two (2) of these forms and have at least two of the following: teacher, counselor or school administrator, to complete and return them to the recruiter (**no family members or friends**). **1. Date Sent** \_\_\_\_\_ **2. Date Sent** \_\_\_\_\_

**Autobiography**-You must type an essay of 250 words. The essay should contain your family history, education background and any other information that you would consider relevant towards your acceptance in the program. Please have someone proofread your essay for spelling errors and grammatical mistakes before submitting your final copy. **Date Sent** \_\_\_\_\_

**Picture**-Please submit a color or black and white wallet size picture to the recruiter. This photo will not be returned. It does not have to be a professional picture. **Date Sent** \_\_\_\_\_

**Housing Application**-You must complete the housing application online at [www.abac.edu/Housing](http://www.abac.edu/Housing) **Date Sent** \_\_\_\_\_

**Certificate of Eligibility (COE)**-You must request a copy of your COE from the Migrant Education Agency or Migrant Advocate. If you are not able to get a copy, please ask the recruiter for assistance. **Date Sent** \_\_\_\_\_

**Out-of-State Waiver**-If you are not a Georgia resident, you must complete and sign this form. You must request this form from the recruiter or you can download it from the internet at: [www.abac.edu/admissions/forms.cfm](http://www.abac.edu/admissions/forms.cfm) **Date Sent** \_\_\_\_\_

**If you have never participated in the Migrant Education Program, you must complete this form and submit the proper documentation.**

**CAMP Eligibility**

To be eligible to participate in the CAMP program a person must be a **migrant or seasonal farm worker**, or a dependent of a **migrant or seasonal farm worker**. "Migrant farm worker" means a farm worker whose employment required travel that prevented the farm worker from returning to his or her home within the same day. "Seasonal farm worker" means a person who, within the past 24 months was employed for at least 75 days in farm work, and whose primary employment was in farm work on a temporary or seasonal basis (that is, not a constant year-round activity). **All information will be kept confidential and used only to determine your eligibility and admission to the program.**

**In order to determine your migrant/seasonal farm worker status, please answer the following questions:**

I qualify as a (check one) Migrant: \_\_\_\_\_ Seasonal Farm worker: \_\_\_\_\_

Family member who meets migrant/seasonal farm worker criteria:

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

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

P.O. Box/ Street City State Zip: \_\_\_\_\_

Relationship to applicant: Phone Number: \_\_\_\_\_

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

Employer address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Number of months employed: \_\_\_\_\_

Type of work he/she performs. (Explain): \_\_\_\_\_

\_\_\_\_\_

**In order for your application to be considered you also need to attach the following documents:**

- A) Copy of the Income Tax Form for the previous year**
- B) W-2 forms showing the employer listed above**

**• CERTIFICATION •**

I certify that I am eligible for ABAC/CAMP and that my family's primary employment has been migrant or seasonal farm work in the last two years. If admitted to the program, I also agree to enroll as a full-time student and to follow all program rules and regulations. I further understand that any false statement subjects me to immediate dismissal from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are under the age of 18, your parent must also sign.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ABRAHAM BALDWIN AGRICULTURAL COLLEGE  
COLLEGE ASSISTANCE MIGRANT PROGRAM**

Please print in ink or type neatly. Answer all the questions on the form; indicate "N/A" if not applicable.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box/Street City State Zip

Home Phone Number: \_\_\_\_\_ Sex: \_\_\_\_\_ (optional) Birthdate: \_\_\_\_\_  
M F

E-mail address (optional) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
P.O. Box/ Street City State Zip

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

**Name and address of someone with whom we may leave a message.**

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
P.O.Box/Street City State Zip

High School Attended: \_\_\_\_\_ G.P.A. \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Did you receive a G.E.D? If so, please indicate when and where \_\_\_\_\_  
\_\_\_\_\_

Expected Major at ABAC: \_\_\_\_\_ Number in your family: \_\_\_\_\_

How many in your family have attended or \_\_\_\_\_ Family Income: \_\_\_\_\_  
are currently attending college? \_\_\_\_\_

How did you learn about CAMP? \_\_\_\_\_

**I give permission to Abraham Baldwin Agricultural College to use videography or photography in any media coverage (TV, radio, newspaper, print, etc.) related to CAMP for educational purposes, and I understand that there is no compensation for my participation.**

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

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**ABRAHAM BALDWIN AGRICULTURAL COLLEGE  
COLLEGE ASSISTANCE MIGRANT PROGRAM**

**ACADEMIC RECOMMENDATION**

Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**TO THE STUDENT:** Please take this form to a teacher, counselor, or school administrator who knows you. Ask this person to complete the form.

Name of Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TO THE  
EVALUATOR**

The above named student is applying for admission to Abraham Baldwin Agricultural College, College Assistance Migrant Program. Please evaluate the applicant's potential for success in college to his/her peers, and return to the applicant in a sealed envelope or mail directly to:

**College Assistance Migrant Program  
ABAC 22, 2802 Moore Hwy.  
Tifton, GA 31793-2601**

Your answers will be kept in strict confidence. If we can answer any questions, our number is: 1-888-244-9096  
Thank you for your assistance.

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

<b>Personal Qualities</b>	<b>Strong</b>	<b>Average</b>	<b>Weak</b>
Persistence			
Leadership Qualities			
Motivation			
Responsibility			

Highly recommended \_\_\_\_\_ Recommend \_\_\_\_\_ Do not recommend \_\_\_\_\_

Comments: \_\_\_\_\_

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

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Responsibility			

Highly recommended \_\_\_\_\_ Recommend \_\_\_\_\_ Do not recommend \_\_\_\_\_

Comments: \_\_\_\_\_

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