

1250 Bellflower Ave. SSSC 280, Long Beach CA 90804
Telephone: 562-985-8888

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Number: _____ Secondary Number: _____ Date of Birth: ____/____/____

Sex (Female/Male/Other): _____ E-Mail Address: _____

Citizenship: Are you a U.S. Citizen? Yes No
Permanent Resident? Yes No If Yes, please provide, A#: _____

Were

High School: _____ High School G.P.A.: _____ High School Graduation Year: _____

Expected Major at CSULB: _____ How did you learn about CAMP?: _____

Participated in or be eligible to participate in the Migrant Education Program (MEP).

- Provide # _____ (Continue to Page 2)

You or one of your immediate family members has spent a minimum of 75 days during the past 24 months as a migrant or seasonal farmworker.

- Complete Page 2 _____ Employment Verification Form (English Page 3/Spanish Page 4)

