



College Assistance Migrant Program (CAMP)  
 MSC CAMP  
 New Mexico State University  
 P.O. Box 30001  
 Las Cruces, NM 88003-8001

## ELIGIBILITY VERIFICATION FORM OF SEASONAL WORK

**Applicant's Name:** \_\_\_\_\_

In order to be eligible for services provided by the College Assistance Migrant Program (CAMP) under the guidelines established by the US Department of Education, a student or his/her immediate family member must have worked at least 75 days within the last two years in agriculture as a seasonal or migrant farmworker. *This includes any activity directly related to the production of crops, dairy products, poultry, or livestock, the cultivation or harvesting of trees, or fish farms.* If you have any questions regarding this form please contact NMSU CAMP at 575.646.7341 or camp@nmsu.edu.

*SECTION A: This section is to be completed by the employer or agency representative.*

\_\_\_\_\_  
 Name of Company/Farm

\_\_\_\_\_  
 Name of Employer or Supervisor

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Phone No.

Name of Employee	Type of work performed	Type of Agricultural Crop	Start Date	End Date	# of days worked	Wages (How was it paid?)
<i>Example: Diego Luna</i>	<i>Picking</i>	<i>Apples</i>	<i>June 2020</i>	<i>Aug 2020</i>	<i>80</i>	<i>Cash</i>

\_\_\_\_\_  
**Employer's Signature**

\_\_\_\_\_  
 Date

*SECTION B: This section is to be signed by the applicant who meets the requirements and is applying to the CAMP Program at NMSU. By signing this form the applicant certifies that all the information provided on this form is accurate and true.*

\_\_\_\_\_  
**Employee's Name**

\_\_\_\_\_  
 Relationship (i.e. Self, Mother, Father, etc.)

\_\_\_\_\_  
**Applicant's Name (Print)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
 Date

*For Office Use Only:*

Comments:

Verified by: \_\_\_\_\_

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