



NATIONAL HEP/CAMP ASSOCIATION SCHOLARSHIP APPLICATION

ELIGIBILITY

- HEP students:** Student must have completed a High School Equivalency Program (HEP) and must have officially enrolled in a post-secondary institution by the application deadline (March 30th/ June 30th/September 30th). **Former HEP students who are now participating in a CAMP must follow scholarship instructions for CAMP students.**
- CAMP students:** Student must have completed their first year in the College Assistance Migrant Program (CAMP) and must be enrolled as sophomores, juniors or seniors in college at the time of application (September 30th).
- Student must demonstrate financial need or extenuating circumstances that require additional financial assistance.
- Student must be enrolled in a post-secondary institution seeking a certificate/degree program of study. Students enrolled in ESL/ELL Programs or Intensive English Programs with the sole purpose of learning English will not be considered, unless the courses are required by a certificate/degree-seeking program.
- Only two** applicants per HEP and CAMP Program will be accepted, **per calendar year**. **Program Directors or Coordinators must sign each application to validate it** as one of two applications from their Program.

APPLICATION CHECKLIST

- Application:** The bottom of the application must be completed by a HEP or CAMP staff member at the post-secondary institution the student is currently attending or plans to attend. If there is no HEP or CAMP at the institution, this section can be completed by another staff member in the institution (e.g., counselor, financial aid adviser).
Important Note: Please make sure all staff and student signatures are completed.
- Recommendation:** Student should use the form included with the application to request **one** recommendation from a staff member who can write about her/his motivation, abilities, commitment, and quality of work.
- Essay:** Student must write a personal statement describing his/her family's farm-work experience, financial need and academic goals. **Important Note: The essay must be written in English.**
- Proof of registration:** Student must send proof of course enrollment for the **term of application**. Proof of enrollment must be printed in the institution's letter head, must have the institution's seal, **or** must be signed by a HEP/CAMP staff attesting the student is registered for the term of application.

Applications missing any supporting documents will not be considered. Also, faxed or electronic applications and documents will not be accepted.

HEP (only) applicants must mail the completed "***HEP only***" application and supporting documents **postmarked by March 30th, June 30th, or September 30th** to the address provided below.

CAMP applicants, *including CAMP students who were also HEP students*, must mail the completed "***CAMP***" application and supporting documents **postmarked by September 30th** to the address provided below.

Toni Luna
HEP/CAMP Scholarship
1902 North Loop 499
Texas State Technical College
Harlingen, Texas 78550

HEP ONLY**NATIONAL HEP/CAMP ASSOCIATION SCHOLARSHIP
APPLICATION - HEP-ONLY STUDENTS****HEP ONLY**Name (*last, first, middle*): _____ [] Male [] Female

Mailing Address: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail Address: _____ Date of Birth: _____

HEP Institution attended: _____ Date **HEP** completion: _____**HEP** Director's Name: _____ Director's Phone Number: _____

Director's Address: _____

Signature of HEP/ CAMP staff approving this applicant: _____ Date _____Name of **post-secondary institution** you are attending: _____Date of attendance at **post-secondary institution**: _____

Certificate or degree you are seeking or will be seeking: _____

Please read and sign: I give permission to (*name of staff*) _____ to share the financial aid information requested below, which will be used solely for the evaluation of my National HEP/CAMP Association Scholarship application._____
*Student's Signature*_____
Date**Please read and sign, if you agree:** I hereby grant permission to the National HEP/CAMP Association, their Board members and Scholarship Committee members to use or publicly display quotations from my essay, sent as part of the Association's scholarship application. I understand that I will be acknowledged, with or without name, as the author of any sections taken from my essay._____
*Student's Signature*_____
Date**TO BE COMPLETED BY A HEP/CAMP STAFF OR BY THE POST-SECONDARY INSTITUTION'S STAFF****STAFF MEMBER COMPLETING THIS FORM:** The student named above is applying for a National HEP/CAMP Association Scholarship. Please assist the student in completing this information accurately. Thank you for your assistance.**Post-secondary Institution's Name:** _____

Name of Staff: _____ Position: _____

Address: _____ Phone Number: _____

STAFF'S SIGNATURE _____ E-mail Address _____

This institution is [] Public, 4-yr [] Private, 4-yr [] 2-year [] Other:	Institution's terms: [] Semesters [] Trimesters [] Other:	Student is/will be [] Full-time [] Part-time [] In-state [] Out-state Student has dependents [] No [] Yes	Is student eligible for [] Federal Aid [] State Aid [] Institutional Aid
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What is the student's ANNUAL cost of attendance?

Student is living [] on-campus [] off-campus [] home

Is student is purchasing a meal plan? [] Yes [] No

Tuition and fees \$ _____

Room \$ _____

Board/meal plan \$ _____

Mandatory Health Insurance \$ _____

Other: _____ \$ _____

*(Please **do not** include personal expenses, books or transportation)***TOTAL** \$ _____**Student's ACADEMIC YEAR financial aid package**

If package is not currently available, when will it be? _____

Student is accepting [] federal loans [] PLUS/alternative loans

Federal/state/institutional grants: \$ _____

Private scholarships: \$ _____

Student loans (*include only if accepted*) \$ _____Parent/alternative loans: (*only if accepted*) \$ _____Other aid (please **do not** include work-study) \$ _____**TOTAL** \$ _____

Name (last, first, middle): _____ [] Male [] Female
 Mailing Address: _____
 Phone Number: (____) _____ Cell Phone Number: (____) _____
 E-mail Address: _____ Date of Birth: _____

If former HEP student now enrolled in CAMP

HEP Institution attended (if applicable): _____ Date **HEP** completion (if applicable): _____

HEP only: Name of **post-secondary institution** you are attending or will attend: _____

HEP only: Date of attendance at **post-secondary institution**: _____

HEP only: Certificate or degree you are seeking or will be seeking: _____

CAMP Institution attended: _____ Date **CAMP** completion: _____

CAMP Director's Name: _____ Director's Phone Number: _____

Director's Address: _____

Current Institution (if different from the CAMP institution): _____

Are you currently a [] First-year student [] Sophomore [] Junior [] Senior? Major: _____

Signature of HEP/ CAMP staff approving this applicant: _____ Date _____

Please read and sign: I give permission to (name of staff) _____ to share the financial aid information requested below, which will be used solely for the evaluation of my National HEP/CAMP Association Scholarship application.

 Student's Signature Date

Please read and sign, if you agree: I hereby grant permission to the National HEP/CAMP Association, their Board members and Scholarship Committee members to use or publicly display quotations from my essay, sent as part of the Association's scholarship application. I understand that I will be acknowledged, with or without name, as the author of any sections taken from my essay.

 Student's Signature Date

TO BE COMPLETED BY A HEP/CAMP STAFF OR BY THE POST-SECONDARY INSTITUTION'S STAFF

STAFF MEMBER COMPLETING THIS FORM: The student named above is applying for a National HEP/CAMP Association Scholarship. Please assist the student in completing this information accurately. *If the student is not currently registered, answer the questions based on this year's information about the institution.* Thank you for your assistance.

Post-secondary Institution's Name: _____

Name of Staff: _____ Position: _____

Address: _____ Phone Number: _____

STAFF'S SIGNATURE _____ E-mail Address _____

This institution is [] Public, 4-yr [] Private, 4-yr [] 2-year [] Other:	Institution's terms: [] Semesters [] Trimesters [] Other:	Student is/will be [] Full-time [] Part-time [] In-state [] Out-state Student has dependents []No []Yes	Is student eligible for [] Federal Aid [] State Aid [] Institutional Aid
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What is the student's ANNUAL cost of attendance?

Student is living [] on-campus [] off-campus [] home
 Is student is purchasing a meal plan? []Yes []No

Tuition and fees \$ _____
 Room \$ _____
 Board/meal plan \$ _____
 Mandatory Health Insurance \$ _____
 Other: _____ \$ _____
 (Please **do not** include personal expenses, books or transportation)
TOTAL \$ _____

Student's ACADEMIC YEAR financial aid package

If package is not currently available, when will it be? _____
 Student is accepting [] federal loans [] PLUS/alternative loans

Federal/state/institutional grants: \$ _____
 Private scholarships: \$ _____
 Student loans (include only if accepted) \$ _____
 Parent/alternative loans: (only if accepted) \$ _____
 Other aid (please **do not** include work-study) \$ _____
TOTAL \$ _____



**NATIONAL HEP/CAMP ASSOCIATION SCHOLARSHIP
LETTER OF RECOMMENDATION**

(Please include one letter of recommendation in your application package)

Student's Name: _____

EVALUATOR: The student named above is applying for a National HEP/CAMP Association Scholarship. Please evaluate the applicant's potential for success in college relative to his/her peers and return to the applicant in a sealed envelope. If you have any questions, feel free to call our office. Thank you for your assistance.

Please Print:

Name of Evaluator: _____ Position: _____

School/Organization: _____ Phone Number: _____

Address: _____ E-mail Address: _____

How long have you known the student and in what capacity? _____

Please mark the appropriate box for each quality	Strong	Average	Weak	Unknown
Persistence				
Leadership				
Academic Skills				
Motivation				
Quality of Work				
Responsibility				

Please address the following questions:

1. In your opinion, is the student motivated and committed to completing a college degree?

2. Please share additional comments about the applicant.

Evaluator's Signature

Date