



Multicultural Education

College Assistance Migrant Program

Applicant Name: _____

ABAC ID: _____

Proof of Eligibility

Company-Employer's Name:

Company Address:

Company's Phone Number:

Employee Name:

<i>Dates of Agricultural work</i>	<i>Number of days worked</i>	<i>Agricultural Activity from the past 24 months</i>

For CAMP staff use only:

Comments: _____

Verified by: _____

Date: _____