

CAMP Employer Verification Form

Please submit the completed Employer Verification Form to <u>camp@wvc.edu</u>.

The following student _______ has applied to participate in the College Assistance CAMP Program at Wenatchee Valley College. In order to be eligible for CAMP services under the guidelines established by the U.S. Department of Education, *the student or one of his/her immediate family members must have worked as a seasonal/migrant farm worker for a minimum of 75 days within the last 24 months.* This includes any activity directly related to the production of crops, dairy, products, poultry, livestock, cultivation or harvesting of trees, ranching, fishery, cannery, nursery, and forestry work.

Name of the Company (As shown on W2)					
Address	City	State	2	Zip	
Contact Person	Phone Number		Date		
Type Of Farm Work (Seasonal Or Migrant)	Type Of Work Done (I.E. Irrigating, Hoeing, Picking, Plowing, Planting, Etc.)	Type of Agricultural Crop	Start Date	End Date	Days Worked
I, am able t (Employer Name/Supervisor)		attest that meets the conditions above. (Employee Name)			
Total Days Worked	CAMP	OFFICE USE ONLY			
	ed for WVC CAMP eligibility (En rant Education qualifications.)	nployer Verification For	m, W2's meet t	he U.S. Depar	tment of
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CAMP Recruiter Signature		Date			