WENATCHEE VALLEY COLLEGE

**For information contact:**
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# CAMP Employer Verification Form

**Please submit the completed Employer Verification Form to camp@wvc.edu.**

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** **Zip**

**Contact Person** **Phone Number** **Date**

| Type of farm work (Seasonal or Migrant) | Type of Work performed (i.e. irrigating, hoeing, picking, plowing, planting, etc.) | Type of Agricultural Crop | Start Date | End Date | Days Worked |
|---|---|---|---|---|---|
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**I,** **am able to attest to the fact that**

(Employer Name/Supervisor) (Employee Name)

**meets the conditions highlighted above.** **Date: _____**

| **CAMP Office Use Only:**<br>**Total Days Worked_____** |
|---|
| The documents submitted for WVC CAMP eligibility(Employer Verification Form, W2's meet the U.S. Department of Education, Office of Migrant Education qualifications. |
| |

**CAMP Recruiter Signature** **Date**