



Center for Young Adult  
Addiction and Recovery

## COLLEGIATE RECOVERY PROGRAM APPLICATION

### APPLICATION INFORMATION

Applications for the CRP should be complete before the start of the semester to be considered. Applications received while a semester is in progress will most likely be considered for the start of the following semester.

### PROGRAM ELIGIBILITY (see next page for Housing eligibility)

- Kennesaw State University enrollment/acceptance
- **Minimum Six Months of Complete Abstinence** from Alcohol and other Drugs and/or all Process Addictions
- Interview with CRC staff
- Commitment to the program requirements:
  - **Abide by the standards outlined in the Community Commitment Contract**
  - Attend Seminar every week
  - Attend Celebration of Recovery twice per month
  - Service commitment: select one campus recovery meeting to attend weekly in addition to one or more CRC service activities
  - Attend academic advisement at CRC as required
  - Active participation in twelve step recovery program or equivalent recovery program

If you are willing and able to meet the requirements for this program, please complete the Application for Admission found below. If you have any questions, please contact us at 470-578-2538 or [recovery@kennesaw.edu](mailto:recovery@kennesaw.edu).

### CHECKLIST FOR PROGRAM APPLICATION

All application materials listed below must be submitted **before** you can be considered for membership in the program. Once all materials are received, the staff will meet to review your application and let you know their decision.

- Applying to or currently enrolled at KSU
- Completed Program Application**
- Two letters of recommendation** (See recommendation forms below)
- Biographical Statement:** Personal recovery story in your own words (2-3 pages)

## COLLEGIATE RECOVERY COMMUNITY THE OUTFIT HOUSING

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The Outfit is the on campus living option for CRC students with at least one year of complete abstinence from all substances and/or process addictions. Depending on room availability, if the eligibility requirements below are met; you may apply for the Outfit. Housing is available on a yearly lease August-July.

### HOUSING PROGRAM ELIGIBILITY

- Kennesaw State University enrollment/acceptance
- Minimum One Year of Complete Abstinence** from Alcohol and other Drugs and/or all Process Addictions
- Clinical Interview with CRC staff
- Commitment to CRC program requirements:
  - o **Abide by the standards outlined in the CRC Housing Commitment Contract**
  - o Attend Seminar every week
  - o Attend CRC 101 every Wednesday 12:30-1:30 as your recovery meeting
  - o Attend Celebration of Recovery twice per month
  - o Service commitment: select one campus recovery meeting to attend weekly in addition to one or more CRC service activities
  - o Attend academic advisement at CRC as required
  - o Active participation in twelve step recovery program or equivalent recovery program

If you are willing and able to meet the requirements for this program, please complete the Application for Admission to the Collegiate Recovery Community found below. If you have any questions, please contact us at 470-578-2538 or [recovery@kennesaw.edu](mailto:recovery@kennesaw.edu).

### CHECKLIST FOR HOUSING PROGRAM APPLICATION

All application materials listed below must be submitted **before** you can be considered for membership in the CRC. Once all materials are received, the staff will meet to review your application and let you know their decision.

- Applying to or currently enrolled at KSU
- Completed Collegiate Recovery Community Application
- Two letters of recommendation (See recommendation forms below)
- Biographical Statement: Personal recovery story in your own words (2-3 pages)

**NOTE: The following must be complete before the Outfit housing can be secured:**

- Fully accepted to KSU and the CRC
- Housing deposit paid (see staff for deposit due dates)

**COLLEGIATE RECOVERY COMMUNITY APPLICATION**

**Semester applying for** *(circle one)*

Date: \_\_\_\_\_ Fall Spring Summer Year \_\_\_\_\_

Name \_\_\_\_\_  
Last First (Nickname) MI

Gender:  Male  Female  Other

Are you Hispanic or Latino?  Yes  No

Race :  American Indian or Alaska Native  Asian  Black or African American  
 Multi-Racial  Native Hawaiian or Other Pacific Islander  White

KSU ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Net ID \_\_\_\_\_ mm/dd/yyyy

Referred by (if applicable): \_\_\_\_\_

**Permanent Mailing Address**

May we send mail to this address?  Yes  No  
(mail will include the "Center for Young Adult Addiction and Recovery" on return label)

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Other \_\_\_\_\_

Children:  Yes  No

Working status:  Full Time  Part Time  Not Working

Have you ever been arrested for a crime other than a minor traffic offense?

Yes  No If yes, type of charge:  Felony  Misdemeanor

**Are you interested in learning more about the in-state tuition waiver available as a member**

of the CRC?

Yes  No

Are you interested in applying for the Outfit - the CRC on campus living option?

Yes  No

### **EDUCATION INFORMATION**

Did you graduate from high school?  Yes  No

If you did not graduate from  
high school, did you obtain a  
GED?  Yes  No

Did you transfer to Kennesaw Sate University?  Yes  No

If yes, what institution are you transferring from: \_\_\_\_\_

Did you come to KSU because of the Collegiate Recovery Community?  Yes  No

### **MENTAL HEALTH HISTORY**

**Note:** KSU protects the confidentiality of student's health information, as required by law. Any health information shared by applicants is confidential and will not be discussed with individuals not directly involved in assessing application or student progress once enrolled in Housing Program.

Have you ever received addiction treatment?  Yes  No

If yes, please provide the following information:

#### **Treatment**

How many times have you received addiction treatment? \_\_\_\_\_

Type of addictive treatment:  Inpatient  Outpatient  Inpatient & Outpatient  
 Other

If other, please explain: \_\_\_\_\_

Have you ever received treatment for another mental health condition?  Yes  No

If yes, what was the treatment for?  Anxiety  Bipolar  Depression  Other

If other, please explain: \_\_\_\_\_

Are you currently on any medication?  Yes  No

If yes, list medications and dosage: \_\_\_\_\_

Please list current/past diagnoses: (for example: depression, bipolar) \_\_\_\_\_

How many recovery support meetings to you attend per week? \_\_\_\_\_

Family History of Addiction: Do you have a family history of addiction? \_\_\_yes \_\_\_no

If yes, please provide family history: (ie. Mother, Maternal Grandfather, etc.) \_\_\_\_\_

What is your recovery date: \_\_\_\_\_ (Month/Day/Year)

What are you primarily in recovery from: \_\_\_\_\_

### DRUG AND ALCOHOL ABUSE HISTORY

Please rank the following using the scale below. Check one box that best describes your previous relationship with that substance.

Substance	Never Used	Seldom Used	Occasionally Used	Frequently Used	Age of First Use
Alcohol					
Tobacco					
Marijuana					
Hallucinogens (PCP, LSD, Angel Dust, etc.)					
Inhalants (gasoline, paint, glue, etc.)					
Stimulants (cocaine, crack, methamphetamine, etc.)					
Opiates (heroin, methadone, etc.)					
Depressants (sedatives, barbiturates, etc.)					

### EATING DISORDER ADDICTIVE HISTORY

Please rank the following using the scale below. Check one box that best describes your previous relationship with that behavior.

Behavior	Never Used	Seldom Used	Occasionally Used	Frequently Used	Age of First Use
Binging					
Restricting					

Over eating					
Purge behavior (Misuse of laxatives, diuretics, or enemas )					
Purge Behavior (Vomiting)					
Excessive exercising					
Obsessive weight monitoring (scales)					

**OTHER ADDICTIVE HISTORY**

If any other addictions (self harm, gambling, etc.) exist in your history, please list below and check one box that best describes your previous relationship with that behavior.

Behavior	Never Used	Seldom Used	Occasionally Used	Frequently Used	Age of onset

**RECOVERY QUESTIONS**

Have you completed the 12 Steps? (yes/no/explain) \_\_\_\_\_

Are you a sponsor? (yes/no/explain) \_\_\_\_\_

What is your purpose?

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How do you see academics enhancing your recovery?

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**How do you see a college degree enhancing your life?**

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**What does recovery mean to you?**

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**How does respect play a role in community?**

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**How will you be of service to the KSU Collegiate Recovery Community?**

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**How are you connected to your current recovery community?** (Home group, treatment center alumni, church fellowship, etc.)

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**Briefly describe how you will integrate respect and gratitude in the Collegiate Recovery Community.**

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*By signing below, I give my consent to Kennesaw State University Center for Young Adult Addiction and Recovery to use my demographic information in an anonymous collection of data as part of the Center for Young Adult Addiction and Recovery's young adult addiction and recovery research projects.*



**Name** (*Please Print*): \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

### Emergency Contact

In the event of a medical emergency or relapse, I hereby give the CYAAR permission to  
contact (name) \_\_\_\_\_ relationship: \_\_\_\_\_

Emergency contact's phone: \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_







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**CRC Member Letter of Recommendation**

To be completed by a current member or alumni of the CRC. If unable to request a letter from current member or alumni, please contact the CRC Assistant Coordinator.

Name of Person Completing Recommendation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**Please answer the following questions to the best of your ability:**

**Do you feel like the applicant understands the commitments involved in membership (seminar, meetings, etc.)? (please explain the membership commitments to the applicant if they are unaware)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you feel like the applicant will be an active member of the CRC? (Involved in service, attending seminar, showing up for events, helping others, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you feel like the applicant is in a good place in their recovery to contribute to the CRC in the ways mentioned above and others? Please explain your answer.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In what ways do you feel like the applicant will add to the CRC?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*By signing above, you verify that you recommend the applicant for acceptance to the Collegiate Recovery Community.*

**Please return completed form by mail, fax or email to:**

Center for Young Adult Addiction and Recovery

430 Bartow Ave

MD 2403

Kennesaw, GA 30144-5591

Fax: 470-578-9203

**Professional Letter of Recommendation**

To be completed by a non-family member who can recommend you such as a counselor, employer, sponsor, etc.

The person below is applying to the Collegiate Recovery Community, a program at Kennesaw State University for students in recovery wishing to give back through service, as well as receive support from peers and staff for their academic and recovery goals. Please complete this form honestly and to the best of your ability.

Name of Person Completing Recommendation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's full name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

To the best of your knowledge of the applicant, please rate them using the scale below:

	Superior	Excellent	Above Average	Below Average	Can't Evaluate
Perseverance					
Motivation					
Organization					
Responsibility					

Tell us more about why you are recommending this applicant (include any relevant information such as strengths you have observed in the applicant within the recovery community, academic performance, work performance, etc.):

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Signature \_\_\_\_\_

Date \_\_\_\_\_



COLLEGIATE RECOVERY COMMUNITY  
**APPLICATION**

*By signing above, you verify that you recommend the applicant for acceptance to the Collegiate Recovery Community.*

**Position/Institution:** \_\_\_\_\_

**Please return completed form by mail, fax or email to:**

Center for Young Adult Addiction and Recovery

430 Bartow Ave

MD 2403

Kennesaw, GA 30144-5591

Fax: 470-578-9203

Email: [caaa@kennesaw.edu](mailto:caaa@kennesaw.edu)