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.

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)
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:
  - Abide by the standards outlined in the CRC Housing Commitment Contract
  - Attend Seminar every week
  - Attend CRC 101 every Wednesday 12:30-1:30 as your recovery meeting
  - 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 to the Collegiate Recovery Community found below. If you have any questions, please contact us at 470-578-2538 or 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)
- Fall
- Spring
- Summer
- Year__________

Date: _________________

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 _________________  mm/dd/yyyy

Net ID __________________

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 State 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.

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

**EATING DISORDER ADDICTIVE HISTORY**

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

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never Used</th>
<th>Seldom Used</th>
<th>Occasionally Used</th>
<th>Frequently Used</th>
<th>Age of First Use</th>
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</thead>
<tbody>
<tr>
<td>Binging</td>
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<tr>
<td>Restricting</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td>Never Used</td>
<td>Seldom Used</td>
<td>Occasionally Used</td>
<td>Frequently Used</td>
<td>Age of onset</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Over eating</td>
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<tr>
<td>Purge behavior (Misuse of laxatives, diuretics, or enemas)</td>
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<tr>
<td>Purge Behavior (Vomiting)</td>
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<tr>
<td>Excessive exercising</td>
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<tr>
<td>Obsessive weight monitoring (scales)</td>
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</tbody>
</table>

**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.

**RECOVERY QUESTIONS**

Have you completed the 12 Steps? (yes/no/explain)________________________________________
Are you a sponsor? (yes/no/explain)________________________________________________________

What is your purpose?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How do you see academics enhancing your recovery?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
How do you see a college degree enhancing your life?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What does recovery mean to you?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How does respect play a role in community?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

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

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 ____________
Biographical Statement

In 2-3 pages (can be typed and attached to application or written on the lines below), please briefly tell us your story of recovery, your academic history (what previous schools you attended, if you struggled with grades, etc.) and your plan for academic success at KSU and why you want to join the CRC.

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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
COLLEGIATE RECOVERY COMMUNITY
APPLICATION

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:

<table>
<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Below Average</th>
<th>Can’t Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perseverance</td>
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<tr>
<td>Motivation</td>
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<tr>
<td>Organization</td>
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<tr>
<td>Responsibility</td>
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</table>

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 ___________________________
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:
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