

COLLEGIATE RECOVERY COMMUNITY
APPLICATION



Date: _____ Semester Applying: Spring Fall Summer of 20_____

PERSONAL INFORMATION

Name: _____
Last First MI Preferred Name

JSU Student ID#: _____

Gender: Male Female Other Date of Birth: _____
MM/DD/YYYY

Race: American Indian or Alaska Native Asian Black or African American Multi-Racial
 Native Hawaiian or Other Pacific Islander White Other Do Not Wish to Disclose

Are You Hispanic or Latino: Yes No

Marital Status: Single Married Divorced Widowed Other: _____

Children: Yes (if yes, how many and ages) _____ No

Permanent Mailing Address

May we send mail to this address? Yes No

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____

Home #: _____ Cell #: _____ Other #: _____

How would you prefer us to contact you? Phone Email Postal Address

Would you like to share your phone and email address with other CRC members: Yes No

What is your working status? Full Time Part Time Student Worker Not Working

EDUCATION INFORMATION

High School

Name: _____ City/State: _____

Graduation Year: _____ GPA: _____

If you *did not* graduate from high school, but obtained a GED: Date Completed: _____

College and University

Did you transfer to Jacksonville State University? Yes No

List any other colleges and universities attended starting with most recent:

Name: _____ City/State: _____

From: _____ Until: _____ Did you graduate? Yes No GPA: _____ Major: _____

Name: _____ City/State: _____

From: _____ Until: _____ Did you graduate? Yes No GPA: _____ Major: _____

Name: _____ City/State: _____

From: _____ Until: _____ Did you graduate? Yes No GPA: _____ Major: _____

Are you currently enrolled at Jacksonville State University? Yes No

If yes, please indicate: Full Time Part Time *If no, have you applied?* Yes No

Major: _____ Minor: _____

Current GPA: _____ Total Hours Completed: _____

Did you come to Jacksonville State University because of the CRC? Yes No

MENTAL HEALTH HISTORY

Have you ever received addiction treatment? Yes No

If yes, complete the following:

How many times have you received addiction treatment? _____

Type(s) of addictive treatment received: Inpatient Outpatient In/Out Patient None

Other: _____

If yes, where: _____

Have you received treatment for any other mental health condition(s)? Yes No

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

DRUG AND ALCOHOL ABUSE HISTORY

Date of Sobriety: _____
Month / Day / Year

Please complete the following to the best of your knowledge regarding your use history:

| Substance | Yes | No | Age of First Use | Age of Last Use |
|---|-----|----|------------------|-----------------|
| Tobacco | | | | |
| Alcohol | | | | |
| Marijuana | | | | |
| Stimulants (Cocaine, Crack, Amphetamine, Methamphetamine, etc.) | | | | |
| Depressants (Barbiturates, Sedatives, etc.) | | | | |
| Opiates (Heroin, Methadone, etc.) | | | | |
| Hallucinogens (Angel Dust, LSD, PCP, etc.) | | | | |
| Inhalants (Gasoline, Glue, Paint, Canned Air, etc.) | | | | |

LEGAL HISTORY

Have you ever been arrested for a crime other than a minor traffic offense? Yes No

Are you currently on probation or parole? Yes No

If yes, provide details: _____

If yes, provide information below. Add additional sheets as necessary.

1. Date of Arrest: _____ Nature of Offense (Include Disposition of the case): _____

2. Date of Arrest: _____ Nature of Offense (Include Disposition of the case): _____

RECOVERY QUESTIONS

Are you working the 12 Steps? (Yes/No/Explain): _____

Are you currently a sponsor? (Yes/No/Explain): _____

What does recovery mean to you?

How do you see academics enhancing your recovery?

How do you see a college degree enhancing your life?

Briefly describe what you want to accomplish with your degree from JSU.

How connected are you to your current recovery community?

How will service work play a part of your commitment to the CRC?

Describe how you will integrate gratitude and respect in the CRC.

Printed Name: _____

Applicant's Signature: _____ Date: _____

COLLEGIATE RECOVERY COMMUNITY
LETTER OF RECOMMENDATION



Applicant's Name: _____
Last First MI

Name of Person Completing Recommendation: _____

Office Phone: _____ Cell Phone: _____ Other: _____

Email Address: _____

How long have you known the applicant? _____

In what capacity? _____

Do you know this applicant well enough to verify complete and continuous abstinence from addictive behaviors? Yes No

What length of abstinence can you verify for this applicant? _____

Recovery groups most frequently attended by this applicant: _____

Frequency of attendance to these recovery groups: _____

Please check the appropriate evaluation:

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

In a **separate letter**, please discuss any additional comments and your evaluation of the applicant's likely success in continued recovery and in higher education.

Signature: _____ Date: _____

Position/Institution: _____

Please Return to: Collegiate Recovery Community at JSU
 700 Pelham Road North – 140 Daugette Hall
 Jacksonville, AL 36265
 FAX NUMBER