The Student Health Center’s
Collegiate Recovery Community
2014-2015 Application

APPLICATION INFORMATION
Rolling Admission Deadline– Please contact us at (205) 348-0943 for more information.

PROGRAM ELIGIBILITY
- Acceptance to The University of Alabama
- Complete Abstinence from Alcohol and other Drugs and/or all Process Addictions
- Commitment to CRC program requirements:
  - Attend weekly Seminar classes
  - Attend weekly recovery meetings
  - Attend weekly “UA Recovery Night” meetings
  - Sign up to meet with your Academic Advisor each semester
- Active Participation in Twelve-Step Recovery Program or Equivalent Recovery Program
- Commitment to Service

If you are willing and able to meet the requirements for this program, please complete the Application for Admission to the Student Health Center’s Collegiate Recovery Community found below. If you have any questions, please contact us (205) 348-0943 or shcrecovery@ua.edu.

All inquiries are confidential

CHECKLIST FOR CRC PROGRAM
- Currently applying to The University of Alabama or currently enrolled student at The University of Alabama
- Completed CRC application
- Three (3) letters of recommendation for verification of recovery (See recommendation forms below-A form AND a letter)
- Biographical statement: Personal recovery story in your own words (2-3 pages)
- Please attach a photo
COLLEGIATE RECOVERY
COMMUNITY APPLICATION

Date ____________

Entering Semester:
☐ Spring  ☐ Fall  ☐ Summer Year: 20____

PERSONAL INFORMATION

Last Name ___________________________ First Name ___________________ MI ___
Sex ☐ Male ☐ Female UA Campus-Wide ID ________________
Date of Birth _____________________ Age ____________
mm/dd/yyyy

Local Address:
Street:___________________________________________________________
City, State/Zip _________________________________________________
Cell #_____________ Home #_____________ Other # _______________
Email __________________________________________________________

Permanent Mailing Address

Street:___________________________________________________________
City, State/Zip _________________________________________________
Cell #_____________ Home #_____________ Other # _______________
Email __________________________________________________________

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

Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Other
If married, spouse’s name _________________________________________

Children? ☐ Yes  ☐ No  If yes, the number of children and ages: __________

Are you employed? ☐ Yes  ☐ No  If yes, ☐ Full time ☐ Part-time
Employer: ____________________________ Supervisor: ________________
Street: _________________________________________________________
City, State/Zip _________________________________________________
Office # ___________________
EDUATION INFORMATION

Did you graduate from high school? □ Yes □ No If yes, graduation year: ______
High School and City, State: ________________________________

High school GPA: ________________________________

If you did not graduate from high school did you obtain a GED?
□ Yes □ No If Yes, date completed: ____________________________

Are you currently enrolled at The University of Alabama? □ Yes □ No
If yes, please indicate: □ Full time □ Part Time

Major: ________________________________ Minor ________________________________

Current GPA: ______ Total Hours Completed:________

If no, have you applied? □ Yes □ No Semester/year _______________

Have you attended the University of Alabama before? □ Yes □ No
If Yes, last attended: □ Fall □ Spring □ Summer Year:______________

Did you come to The University of Alabama because of the Collegiate Recovery Community?
□ Yes □ No

Did you transfer to The University of Alabama? □ Yes □ No
If Yes, reason for transferring to UA: ________________________________

Have you attended any other colleges or universities? □ Yes □ No
1. University: _____________________________ City, State: ________________
   Last Attended: ________________ GPA: ______
2. University: _____________________________ City, State: ________________
   Last Attended: ________________ GPA: ______
3. University: _____________________________ City, State: ________________
   Last Attended: ________________ GPA: ______

List your addictions and the recovery date for each:
1. ________________________________ Date________
2. ________________________________ Date________
3. ________________________________ Date________
4. ____________________________________________ Date__________

How do you see academics enhancing your recovery? __________________________________________
________________________________________
________________________________________

What does recovery mean to you? Also, please explain how recovery plays a part in all areas of your life. __________________________________________
________________________________________
________________________________________

Briefly describe what you want to accomplish with your degree from UA. ________________
________________________________________
________________________________________

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 and service in the Collegiate Recovery Community. ____________________________
________________________________________
________________________________________

________________________________________
________________________________________

Applicant’s Signature                     Date

________________________________________

Printed Name