



# MISSISSIPPI STATE UNIVERSITY™

## COLLEGIATE RECOVERY COMMUNITY

## Collegiate Recovery Community Application

There is a rolling application deadline for acceptance into the Collegiate Recovery Community at Mississippi State University and applications will be accepted year-round.

### Eligibility

- Acceptance into Mississippi State University
- Complete and Continuous Abstinence of Six (6) months from Alcohol and other Drugs and/or all Process Addictions
- Interview with CRC Faculty and Staff
- Active Participation in a Twelve-Step Recovery Program or Equivalent Recovery Program
- Commitment to Service
- Commitment to CRC Program Requirements:
  - Attend weekly Seminar Classes
  - Attend weekly Recovery Meetings
  - Attend bi-weekly “MSU Recovery Night” Meetings
  - Sign up to meet with your Academic Advisor each semester

If you are willing and able to meet the requirements for the Collegiate Recovery Community at Mississippi State University please complete the application below. If you have any questions, contact us at (662) 325-3192 or e-mail at [msucrc@msstate.edu](mailto:msucrc@msstate.edu).

*All inquiries are confidential.*

### Checklist for Application

- ☞ Currently applying to Mississippi State University or currently enrolled student at Mississippi State University
- ☞ Completed Collegiate Recovery Community Application
- ☞ Three (3) Letters of Recommendation from varying individuals for verification of recovery (See Recommendation Forms below- form AND a letter)
- ☞ Biographical Statement: Personal recovery story in your own words (2-3 pages)
- ☞ Clinical Interview with CRC Faculty and Staff
- ☞ Please attach a photo of yourself for filing purposes



Collegiate Recovery Community Application

Personal Information

Date: \_\_\_\_\_

Entering Semester:  Spring  Fall  Summer Year: 20\_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Recovery Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Race or Cultural Identity: \_\_\_\_\_

Phone: \_\_\_\_\_  
Cell Permanent

Email: \_\_\_\_\_ MSU Student ID: \_\_\_\_\_

How would you prefer us to contact you?  Phone  Email

Local Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status

Single  Married  Divorced  Other

If married, spouse's name \_\_\_\_\_

Children?  Yes  No If yes, number of children and ages: \_\_\_\_\_

Are you employed?  Yes  No If yes,  Fulltime  Part-time

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Number: \_\_\_\_\_

**Education 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 Mississippi State University?  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 Mississippi State University before?  Yes  No

If Yes, last attended:  Fall  Spring  Summer Year: \_\_\_\_\_

Did you come to Mississippi State University because of the Collegiate Recovery Community?

Yes  No

Did you transfer to Mississippi State University?  Yes  No

If yes, reason for transferring to MSU? \_\_\_\_\_

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: \_\_\_\_\_

**Treatment History**

Have you received addiction treatment?  Yes  No

Type of treatment:  Inpatient  Outpatient  Residential

Please list treatment services or centers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions. You may attach another piece of paper if you need more space to fully answer the questions.**

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

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**2. How do you see academics enhancing your recovery?**

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**3. Briefly describe what you want to accomplish with your degree from MSU?**

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**4. What challenges and or obstacles do you predict you may encounter as you continue your education?**

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**5. How are you connected to your current recovery community? Home Group, Treatment Center Alumni, etc.**

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

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- 7. In addition to the questions above, please write a Personal Statement: a 2-3 page essay that describes your path to recovery. Please attach the essay to your completed application.**

**By signing, you are acknowledging the information provided within this application is accurate and true to the best of your knowledge. Any misrepresentation may lead to non-admittance or dismissal from the MSU Collegiate Recovery Community Program.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Information gathered will not be shared with any entities outside of the Collegiate Recovery Community within the Health Promotion and Wellness office of Mississippi State University.**



COLLEGIATE  
RECOVERY COMMUNITY

P.O. Box 6346,  
140 Magruder Street  
Mississippi State, MS 39762  
Voice: (662) 325-3192

**Collegiate Recovery Community Application**

**Reference Form and Letter**

The person whose name appears below has applied for admission to the Collegiate Recovery Community at Mississippi State University and has listed you as a reference.

**Applicant Name:** \_\_\_\_\_  
Last First MI

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

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

**Do you know this applicant well enough to verify six months of continuous abstinence from substances and/or addiction behaviors?**  Yes  No

**What length of abstinence can you verify for this applicant?** \_\_\_\_\_

**Please check the appropriate evaluation:**

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Please attach reference letter and Return to:** Collegiate Recovery Community  
 P.O. Box 6346, 105 Lee Blvd.  
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