Admission Application

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

Please Note: All Inquiries are Confidential.

Eligibility

- Acceptance into the University of Kentucky and/or partner University
- Completion of an interview with CRC Faculty/Staff
- Demonstrate willingness to strive for academic success, including adherence to university student code of conduct, and long-term recovery
- Commitment to CRC program requirements
- Commitment to service
  - Attend CRC meetings regularly
  - Schedule and attend one-on-one check-in meetings with CRC Coordinator
  - Participate in CRC planned events
  - 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, please complete the application below. If you have any questions, contact Ivy Bruce, CRC coordinator, at ivy.bruce@uky.edu or (859) 257-7048.

Checklist for Application

☐ Currently applying to or currently enrolled as a student at the University of Kentucky, BCTC, or Transylvania University.
☐ Completed Collegiate Recovery Community Application
☐ Two (2) letters of recommendation from varying individuals for verification of recovery (Letter AND completed recommendation form are required)
☐ Biographical statement: personal recovery story in your own words (1-2 pages)
☐ Interview with CRC faculty and staff
☐ Please attach a photo of yourself for filing purposes
Date: _______________________________

Entering Semester:  □ Spring  □ Fall  □ Summer  Year: 20______

Name: ____________________________________________

                  Last Name                           First Name    Middle Initial

Date of Birth: ________________________  Recovery Date: ________________________

What is your primary source of support in recovery? (i.e. AA, NA, CA, Smart, SOS, Family, Church, etc.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Do you currently attend a mutual support group?  □ Yes  □ No

If yes, how often? ______________________________

Do you currently have and/or utilize a sponsor/mentor?  □ Yes  □ No

If yes, sponsor’s name: ______________________________

Sponsor’s contact information:

Phone: ______________________________

E-mail: ______________________________

How did you hear about the Collegiate Recovery Community?

□ Website  □ Campus Presentation

□ Campus Referral  □ Campus Tabling Event

□ Community Referral  □ CRC outreach Event
Phone: ________________________________

Cell Phone  Permanent

E-mail: ____________________________ Student ID # __________________

How would you prefer us to contact you?  □ Phone  □ E-mail

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,  □ Full-Time  □ Part-time

Employer: ____________________________

Supervisor: __________________________

Phone: ____________________________
Educational 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 Kentucky?  □ Yes  □ No

If no, name of university currently enrolled at: ________________________________

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

If yes, please indicate: □ Full-time  □ Part-time

Major: ____________________________  Minor: _________________________________

Current GPA: ____________________  Total Hours Completed: ____________________

Have you attended the University of Kentucky before?  □ Yes  □ No

If yes, last attended:  □ Fall  □ Spring  □ Summer  Year: ______________________

If yes, reason for leaving: ___________________________________________________

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

□ Yes  □ No

Did you transfer to the University of Kentucky?  □ Yes  □ No

If yes, reason for transferring:
__________________________________________________________
__________________________________________________________
__________________________________________________________
Recovery History

Have you ever received addiction treatment?  □ Yes  □ No
If yes, please provide the following information:
How many times have you received addiction treatment?
___________________________________________

Type of addiction treatment:
□ Inpatient     □ Inpatient & Outpatient
□ Outpatient    □ None
□ Other: ____________________________

Have you ever received treatment for another mental health condition?  □ Yes  □ No
If yes, what was the treatment for?
___________________________________________
___________________________________________
___________________________________________

Are you currently taking any psychiatric medications?  □ Yes  □ No
Have you ever misused your psychiatric medications?  □ Yes  □ No

Please list all Halfway Houses, Sober Houses, Aftercare Service-names and dates attended:

Name                  Dates
________________________________________________________________________
Name                  Dates
________________________________________________________________________

Have you ever been treated for or struggled with any process addictions or compulsive behaviors like gambling, sex, exercise, shopping, disordered eating, etc.?
□ Yes  □ No

Do you currently struggle with any of the behaviors listed above?  □ Yes  □ No
If yes, please list:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Tobacco: □ Nonsmoker  □ Smoker  □ Dip/Chew  □ E-cig/Vape/Juul

Are you thinking about quitting? □ Yes  □ No

### Drug and Alcohol Use History

*To the best of your knowledge, please complete the following misuse history.*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>Age of First Use</th>
<th>Duration of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></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, painkillers, etc.)</td>
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<tr>
<td>Depressants (sedatives, barbiturates, etc.)</td>
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<tr>
<td>Synthetic substances (K2, Bath salts, etc.)</td>
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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 University of Kentucky’s Collegiate Recovery Program.

Applicant Signature ____________  Date ____________
Reference Form and Letter

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

Please attach reference letter and return to:

Ivy Bruce
Collegiate Recovery Community Coordinator
University of Kentucky
177 Johnson Center
Lexington, KY 40506
(859)-257-7048

Applicant Name:_______________________________________________________________

Last name  First Name  Middle Initial

Name of Person Completing Recommendation:__________________________________________

Phone:____________________________  E-mail:____________________________

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?___________________________

Continue to back
Please check the appropriate evaluation:

<table>
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<tr>
<th></th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Can’t Evaluate</th>
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<tbody>
<tr>
<td>Perseverance</td>
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<td>Motivation</td>
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<td>Resilience</td>
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<td>Integrity?</td>
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In a separate typed letter, please discuss your evaluation of the applicant’s likely success on continued recovery and higher education.

Signature: _______________________________________________________

Date: _____________________________

Position
institute: _______________________________________________________

**Biographical Statement**

**Essay Prompt**

In your own words please tell us your personal recovery story. This can include but is not limited to your personal philosophy, what responsibilities you undertake as a member within the collegiate and Lexington recovery community, how you fulfill the responsibilities described in the previous statement, your recovery role models, goals for your recovery, etc. Please attach your typed essay to your completed Collegiate Recovery Community admission application.

**Essay Guidelines**

- 2-3 pages
- Double-spaced
- Times New Roman
- 12-point font
- 1-inch margins