



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
- Meeting with CRC Staff
- Active Participation in a Twelve-Step Recovery Program or Equivalent Recovery Program
- Commitment to Service
- Commitment to CRC Program Requirements:
 - Attend weekly CRC Scholarship Seminar
 - Attend weekly recovery meetings
 - Attend bi-monthly “MSU Recovery Night” Meetings

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.

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
- ☐ One (1) Letter of Recommendation for verification of recovery (See Recommendation Forms below)
- ☐ Biographical Statement: Personal recovery story in your own words (2-3 pages)
- ☐ Meeting with CRC Staff



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.

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

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

- 3. How can the CRC best support you throughout your college experience?**

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

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

- 6. 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.**

***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.**

Student Signature: _____

Date: _____



COLLEGIATE
RECOVERY COMMUNITY

Collegiate Recovery Community Application

Reference Form

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

Applicant Name: _____
First MI Last

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					

Signature: _____ Date: _____

Position Institution: _____

Please return to:

Collegiate Recovery Community
P.O. Box 6346, 105 Lee Blvd.
Mississippi State, MS 39762



COLLEGIATE
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**CRC PROGRAM GOALS, STUDENT REQUIREMENTS
& EXPECTATIONS, SCHOLARSHIP AGREEMENT
FORM, PHOTO RELEASE FORM, AND PARENT
INFORMATION**



MISSISSIPPI STATE UNIVERSITY™

COLLEGIATE RECOVERY COMMUNITY

PARTICIPANT AND PROGRAM GOALS

The University Health Services Collegiate Recovery Community (CRC) is a voluntary program offered by Mississippi State University to support students in recovery achieve their higher education. Acceptance into the CRC is independent from admission to Mississippi State University, i.e. admission to or continued acceptance into Mississippi State University is not contingent upon, nor does it guarantee, admission to or continued acceptance into the CRC. Conversely, individuals must be current students at Mississippi State University to remain in the CRC.

By choosing to participate in the CRC, students recognize the support provided by this program is essential to the student's efforts to sustain recovery while undertaking academic challenges. Expectations are geared to help enhance a student's ability to maintain recovery, achieve academic success, complete degree requirements, and continue to develop as an individual and leader.

The Staff of the CRC work hand-in-hand with students to ensure the overall safety and culture of our program. Failure to comply with the program's requirements and expectations, and any other behavior or attitude deemed inappropriate or disruptive to the community may result in sanctions, including expulsion from the program. The CRC reserves the discretion to revise, amend, or change the following requirements and expectations at any time without notice in accordance with the best interests of Mississippi State University, University Health Services, and the Collegiate Recovery Community.

CRC students are required to:

1. Attend mandatory meetings, events, and activities such as seminar on Monday nights from 6:00 PM to 7:00 PM, and Recovery Night on the second and fourth Thursday's of the month from 7:00 PM to 8:00 PM.
2. Attend at least two anonymous meetings per week outside of Seminar and Recovery Night. Supporting the meetings held at the House is highly encouraged but not required. Attendance at anonymous meetings will not be monitored formally but is based off of an honor system and culture of accountability within the community of the CRC.
3. Attend classes, turn in all assignments when due, and attend meetings with an Academic Advisor. Attendance means to be on time, to be attentive and respectful, and to stay the entire meeting or class unless medical conditions make it impossible.
4. Not use or possess mood-altering substances (either on or off-campus) not directly prescribed to the student by a physician. Mood-altering substances include any compound, mixture, or substance containing any of the following, regardless of purity:
 - Any drug paraphernalia, which may reflect old behavior and lack of willingness to maintain sustained recovery.
 - Alcohol, including distilled spirits, wine, malt beverages and intoxicating liquors;
 - Marijuana; cocaine, in whatever form;

- Narcotic drugs, including opium, opiates, codeine and morphine;
- Controlled stimulants, including amphetamine and methamphetamine;
- Controlled depressants, including amobarbital and pentobarbital;
- Over the counter diet pills and herbal supplements;
- Synthetic “legal” drugs (i.e. K2, spice, kratom, spark, bath salts, xannies etc.);
- Anabolic steroids, stimulants (i.e. oxy cut, nitro tech) which have been major precursors for return to use/addictive behaviors;
- Any hallucinogenic substances; and/or
- Any preparation, which is chemically equivalent or identical with any of the previously listed substances; any preparation that is equivalent with or identical to any of the previously listed substances in its effect and potential for misuse.

In addition to the requirements set forth above, CRC students are expected to:

1. Develop a strong, honest relationship with a sponsor.
2. Adhere to the principles of good recovery including a legacy of honesty, of open-mindedness, of willingness, and of service. Students must practice these principles in all of their affairs.
3. Treat others respectfully and use proper boundaries in honoring the privacy and confidentiality of others.
4. Treat the center’s space with respect such as not abusing furniture or recreation room equipment and picking up after one’s self.
5. Be careful and prudent regarding language that is either too colorful or inappropriate when at the center or sponsored events, meetings, or activities. The CRC is a safe and welcoming place for students and staff alike and it is expected that students and staff will act accordingly. There will be no marginalization, discrimination, slander, pejoratives or any other hurtful language or actions used towards any diversity that we may encounter. This is not to suppress your voice or your opinion. We encourage the freedom of expression but ask that it be done in a respectful manner towards all.
6. Support other students and hold them accountable to the policies, requirements, and expectations of the program.
7. Refrain from engaging in illegal activities.
8. Take responsibility for his or her mental, physical, and sexual health. Students are to be mindful of others’ sexual health including refraining from abusing the sexuality of others such as sexual harassment, sexual assault, and violence.
9. Not be involved in the access of alcohol to minors, be it sales, possession, or distribution.
10. Not assist in the return to use/addictive behaviors of an individual known to be chemically dependent, an alcoholic, or addicted to other behaviors/process addictions.
11. Not be involved in any transaction in which illegal drugs change possession.
12. Take responsibility for his or her own recovery. The student is responsible for securing and keeping appointments, and for maintaining ongoing mental health care relationships with psychologists, therapists, or psychiatrists when therapy and medication have been recommended as part of his or her recovery plan.

13. Students are expected to not assist by action or inaction when another student tries to conceal his or her use or addictive behavior. When another student is suspected of return to use/addictive behaviors, students are expected to:
- ☐ **First, speak directly to the other student encouraging them to disclose his or her return to use/addictive behaviors to the center's staff.**
 - ☐ **Second, contact the Coordinator of the program to notify him that another student is suspected of return to use/addictive behaviors.**
 - ☐ **Third, understand that failure to report a student who is suspected of using a mood-altering substance or who is engaging in a behavioral addiction will result in the informed student being subject to sanctions as determined by the center's staff.**
14. In the event that a CRC student has returned to use/addictive behaviors he/she will immediately notify the Coordinator of the CRC. For a first-time return to use/addictive behaviors a student will complete a Relapse Action Plan (share accordingly with mentor), and schedule weekly and/or bi-weekly meetings with Coordinator. For a second time return to use/addictive behaviors a student will schedule weekly meetings with Coordinator and a Counselor from SCS and will be unable to attend seminar for thirty (30) days. For a third time return to use/addictive behaviors a student will be excused from the Program for the semester and referred to a higher level of care.
15. Disclose his or her status as a person in recovery at his or her first meeting with any physician.
16. Remain medication compliant, following doctor's orders as prescribed.

As a Mississippi State University student, I will conduct myself with honor and integrity at all times. I will not lie, cheat, or steal, nor will I accept the actions of those who do.

I have read and understand the University Health System's Collegiate Recovery Community's Requirements and Expectations and I agree to be bound by them.

Signature: _____

Date: _____

Printed Name: _____



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INCENTIVE BASED SCHOLARSHIP AGREEMENT FORM

The University Health Services Collegiate Recovery Community (CRC) is a voluntary program offered by Mississippi State University to support students in recovery achieving their higher education. Being such, one of the privileges of being accepted as a member into the Collegiate Recovery Community is an incentive-based scholarship system. Scholarships are awarded on a semester by semester basis and vary from year to year depending on the kinds of donations that are collected and the budgetary actions that are taken in order to ensure the success of students in their academics.

That being said receiving a scholarship that aids in personal academic success is a privilege and not a right. In order to maintain your scholarship, you must adhere to the following: continued and sustained recovery without return to use/addictive behaviors, a minimum 2.5 GPA per semester, attendance to Seminar on Monday nights at 6:00 PM, and Recovery Night on the second and fourth Thursday's of the month at 7:00 PM. These are the bare minimum requirements. You will not automatically lose your scholarship if you miss more than two of these required events however it is expected that if you are absent from them that the reason be legitimate i.e. medical emergency, family emergency, or anything else the Coordinator may deem necessary and appropriate. It is also expected that if you are going to be absent that you notify the Coordinator immediately to ensure that the lines of communication within our Community remain open. It is the Staff's utmost goal to provide the most that we can for our students. Students who display dedication, leadership, and support within the Community will be awarded higher scholarship amounts for their perseverance. These actions include but are not limited to: exemplary academic success, dedication to service within our student organization MSSAS and the greater Starkville area, overall time spent at the House, support provided to other CRC students, and attendance at extra programming i.e. Sober Tailgates, Special Events, etc. If you go above and beyond for the Community, the Staff will go above and beyond for you.

By signing below, I understand and am in agreeance with the incentive-based scholarship system. I understand that by agreeing to the parameters set forth above that all decisions regarding the incentive-based scholarship system will be on a case by case basis and with the student's best interests in mind. I understand that the CRC reserves the right to retract my scholarship at any point throughout the semester if I withdrawal from the Collegiate Recovery Community or discontinue communication with the CRC. The CRC reserves the discretion to revise, amend, or change the following requirements and expectations at any time without notice in accordance with the best interests of Mississippi State University, University Health Services, and the Collegiate Recovery Community. I also understand that if I cannot comply with the minimum requirements listed above, then my scholarship amount the next semester may be reduced, or I may no longer receive a scholarship from the Collegiate Recovery Community (CRC).

Signature: _____

Date: _____

Printed Name: _____



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PHOTO RELEASE FORM

All photographers taking photographs on Mississippi State University property or of Mississippi State University events must obtain a signed release form from any student, faculty member, staff person, or member of the public who is visibly recognizable in the photograph.

These rules govern photographs intended for use in any University publication of a marketing or a public relations nature, such as newsletters, brochures, viewbooks, promotional items, or other such material. Releases also must be obtained for photographs used on the Web. These rules are not in effect when photographs are taken of news events, but photographs taken for news purposes require a release for reuse in marketing materials.

I hereby grant the Collegiate Recovery Community (CRC) which is under the Department of Health Education and Wellness permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the CRC and Health Promotion and Wellness, in perpetuity, and for other use by the University. I will make no monetary or other claim against the CRC or Department of Health Promotion and Wellness for the use of the photograph(s)/video(s).

I agree to release and hold harmless the CRC and Department of Health Promotion and Wellness via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I understand that any photo(s)/video(s) of myself released on behalf of the Collegiate Recovery Community is in no way intended to be malicious or harmful but will be used solely towards the progression and successful growth of the CRC program. I also hereby agree and understand that my own personal anonymity within my respective anonymous fellowship will always be protected by the Collegiate Recovery Community. Photo(s)/video(s) released by the CRC in no way affiliates or associates myself with my own personal anonymous fellowship thereby protecting my identity at the level of press, radio, and films. Photo(s)/video(s) released by the Collegiate Recovery Community simply make the statement that, "in some form or fashion I am in recovery/ a recovering person and I have been able to achieve academic success due to that and the efforts of the CRC."

Signature: _____

Date: _____

Printed Name: _____



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PARENT INFORMATION

Information gathered regarding your parents personal information will not be shared with any entities outside of the Collegiate Recovery Community within the Health Promotion and Wellness office of Mississippi State University. It will only be used to invite parents to CRC related events. Maintaining your confidentiality and the confidentiality of your parents is of utmost importance to the Faculty and Staff when it comes to collecting information of this nature. When applicable formal invitations will be mailed to your parent's street address(es). If below information changes, please make appropriate amendments with the Coordinator.

Father's Information

Name: _____
Last First MI

Street Address: _____

City, State, ZIP: _____

Work Phone: _____ **Cell Phone:** _____

E-Mail: _____

Preferred Method of Contact: ☐ E-Mail ☐ Phone

Mother's Information

Name: _____
Last First MI

Street Address same as Father's? ☐ Yes ☐ No **If no, please provide address below**

Street Address: _____

City, State, ZIP: _____

Work Phone: _____ **Cell Phone:** _____

E-Mail: _____

Preferred Method of Contact: ☐ E-Mail ☐ Phone