

**Bufs Collegiate Addiction Recovery Education & Support (CARES) Program**

**Application Checklist:**

*Please call (806) 651-4806 or email [Cares@wtamu.edu](mailto:Cares@wtamu.edu) for any assistance you may need with this application.*

1. **Submit your CRC application:**
  - a. Email your completed Buff CARES application to [Cares@wtamu.edu](mailto:Cares@wtamu.edu).
  
2. **Connect with a Buff CARES Staff member to complete the WT admissions and General Scholarship applications.**
  - a. This is to ensure your application is processed correctly and you are eligible for appropriate scholarships.
  
3. **Submit your supplemental Buff CARES documentation:**
  - a. Submit 2 letters of recommendations from individuals who can attest to your commitment to recovery and their evaluation of your success in continuing recovery and in higher education. Further instructions are provided at the end of the application.
  
  - b. Email a personal photo of yourself within the last 3 months to [Cares@wtamu.edu](mailto:Cares@wtamu.edu). Your application will be processed **WHEN** all the documents and your photo are submitted.
  
  - c. Receive a phone call, text, or email from the Buff CARES to schedule an in-person or zoom interview.
  
  - d. IF accepted into the Buff CARES housing community, sign and return the Buff CARES Supplemental Housing Contract within 3 weeks of your term beginning.
  
4. **For financial assistance, it is highly encouraged you complete the FAFSA application for financial aid. Click [here](#) to access the FAFSA form.**
  - a. If you need assistance completing the FAFSA, please reach out to [Cares@wtamu.edu](mailto:Cares@wtamu.edu)

**Buff Collegiate Addiction Recovery Education & Support (CARES) Application**

1. **Date:**

2. **I am applying for:**

3. **Applicant Name:**

Last Name	First Name
<input type="text"/>	<input type="text"/>

Middle Name	Preferred Pronouns
<input type="text"/>	<input type="text"/>

4. **Current Mailing address:**

Street Address

Street Address line 2

City	State	Zip code
<input type="text"/>	Choose an item.	<input type="text"/>

Country

5. **Gender:**

- Male
- Female
- Decline to Disclose

6. **Race:**

7. **Age:**

8. **Marital Status:**

- Single       Married/Committed Partner
- Divorced     Decline to Disclose

9. Number of Children: \_\_\_\_\_

10. Are you a Veteran?

- Yes  
 No

11. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you give us permission to leave a voicemail?  Yes  No

12. Email Address: \_\_\_\_\_

13. Preferred Method of Contact:  Phone  Text  Email

14. Emergency Contact Information:

Parent/Family Member's Name:  
First and Last

Parent/Family Member's Mailing  
Address: (street, city, state, zip)

Parent/Family Member Phone  
Number:

15. How did you hear about WT's CRC? Please be specific. (School counselor/Community Flyer/WT's Website/Treatment Facility/12-Step Program/Etc.)

### Education History

16. Will you be an undergraduate (first bachelor degree) or a graduate (already have a bachelor degree) in the semester you are applying for?

17. Are you a U.S. Citizen?

18. Are you a Texas Resident (for tuition purposes)?

19. Were You Ever a Foster Child or Adopted from Foster Care (for tuition purposes)?

20. Do you plan to live in WT's on-campus recovery housing?

21. Have you attended other colleges or universities in the past?

Yes

No

22. Are you a returning WT student?

Yes

Buff ID number:

No

23. What is your planned major at West Texas A&M (If known):

24. Cumulative GPA (Your WT GPA is located in your My Buff Connect [here](#)):

25. Semester last attended at University & Semester last attended at WT (If applicable):

26. Scholarships and grants will not cover all of your tuition (books, housing, living expenses, etc.). Please describe in the box below how you anticipate covering these expenses while pursuing your education. Include information such as employment, financial aid, and family support, if any. (500 words maximum).

**Recovery History/Information**

**27. What are you in recovery from/for?**

- Substances    Alcohol  
 Other (If selected, please describe below)

**28. Recovery Date?**

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**29. Do you experience a mental health challenge, or have you been diagnosed with a mental illness?**

- Yes  
 No

**If yes, which of the following are applicable:**

- Depression    Anxiety    Bipolar Disorder    Schizophrenia  
 Eating Disorder/Disordered Eating    Suicidal Thoughts    Self-Harm  
 Other (If selected, please describe below)

**30. Are you currently being prescribed any medications?**

- Yes  
 No

**If yes, please list all current medications:**

**31. Have you been involved in any university or community criminal, civil, or judicial action (hearings, probation, arrests)?**

- Yes  
 No

**32. Please indicate which services or supports you will need assistance in locating and transferring to if you are admitted into West Texas A&M University. (Select all that apply).**

- PCP    Substance Abuse Counselor    Medication Management  
 Faith-based support    Other (If selected, please describe below)

**33. In the field below, please describe what recovery means to you. How do you engage in recovery and where are areas you are still struggling or wanting to grow? (*Minimum of 150 words*)**

**34. What type of recovery community are you currently involved in (church, 12-step program, celebrate recovery, treatment center alumni, etc.)? How do you currently engage in the recovery community and what are you looking for if accepted into WT's CRC? (*Minimum of 150 words*)**

**35. In the box below, please tell us your recovery story. The purpose is to help us get to know you better. Be specific and tell us the process of how you got to where you are, and any information about yourself you would like to share. (*Minimum of 500 words*)**

**36. What goals do you have in the future and how would your time in WT's CRC help support them? (*Minimum of 100 words*).**