

Buff's Collegiate Addiction Recovery Education & Support (CARES) Program

Application Checklist:

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

1. **Submit your CRC application by the application deadline below:**
 - 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 the completed photo release form and a personal photo of yourself within the last **3** months to 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.
2. **Submit your application to West Texas A&M by the deadline set by WT for the semester you are applying for.**
 - a. For first-time college admission, click [here](#).
 - b. For returning WT students or transfer students, click [here](#).
 - c. For Graduate Students (already have a bachelor's degree), click [here](#).
3. Sign the WTAMU Housing Contract, located **HERE**.
4. **For financial assistance, it is highly encouraged you complete the FAFSA application for financial aid. Click [here](#) to access the FAFSA form.**
5. **All prospective WT students are encouraged to apply for scholarships through the scholarship portal. The general scholarship form's priority deadline is February 1 for the fall of the following year, however, you can apply at any time [here](#).**

*** On the general scholarship application, please include that you are in recovery. This is to ensure you are eligible for specific scholarships. *****



Buff Collegiate Addiction Recovery Education & Support (CARES) Application

1. Date:

2. I am applying for:

Fall 2024 Spring 2025

Fall 2025 Spring 2026

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 (bachelor degree) or a graduate (already have a bachelor degree) in the semester you are applying for?

- Undergraduate Student
 Graduate Student

17. Are you a U.S. Citizen?

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

22. Are you a returning WT student?

- Yes
 No

Buff ID number:

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 If yes, please list:
 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*).

Letter of Recommendations

West Texas A&M University's Buff Collegiate Addiction Recovery Education and Support (Buff CARES) requires **2** letters of recommendations as part of the application process. It is the applicant's responsibility to acquire the documents and ensure their submission before the application deadline to be scheduled for an interview.

Letter recommenders need to be able to confirm to your leadership ability, as well as your ability to be successful in both your recovery and academic journey. recommenders may include a teacher, clinician, sponsor, mentor, or employer. Obtaining multiple letters of recommendation from the same company or affiliation may require additional letters to be provided.

Please provide the following form to each of your letter recommenders. If you have any questions or concerns, please reach out to XXXX at Cares@wtamu.edu or (806) 651-XXXX.

Bufs CARES Program Letter of Recommendation Form

Applying for: Fall or Spring of 20_____

Please return to Buff Cares by email or mail:

Email: Cares@wtamu.edu

Mail: XXXXXX WTAMU Box XXXXXXXX, Canyon, TX 79016

Applicant's Name: _____

First

Middle

Last

Name of person completing recommendation: _____

Primary Phone number (____) _____ - _____ Email address: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

In the table below, please select the appropriate evaluation for the applicant:

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

Comments (Please elaborate on "Superior" or "Can't Evaluate" responses): _____

Can you verify that the applicant has maintained continuous abstinence from substances for at least one year?

What support systems (12-step process, professionals, spiritual or religious groups, etc.) does the applicant utilize to continue their recovery journey?

How often does the applicant engage in their recovery support(s)? _____

What areas of the applicant's life is there still room to grow? _____

In a separate letter, please describe your confidence in the applicant's ability to maintain their recovery while pursuing higher education.

Signature: _____ Print: _____

Date: _____ Affiliation: _____