



Thank you for your interest in Jaywalker U.
Please complete the attached application and fax to
ADMISSIONS at 970.704.9092
or email to info@jaywalkerlodge.com.

If you have any questions,
or would like further information,
please call our Admissions Team
at 866.529.9255.



Student Application

Applicant Information		
Name:		
Date of birth:	SSN:	Phone:
Address:		
City:	State:	ZIP Code:
Email:		
Emergency Contact (other than Parent/Guardian):		
Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		
Parent/Guarantor Information		
Relationship:		
Name:		
Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Employer:		
Email:		
Referral Information		
How did you first hear about Jaywalker U?		
Personal Interests		
What do you love to do?		
What gives you energy?		
What are you most passionate about?		
Educational Information		
Highest Grade Completed:		

List all **secondary schools** attended since 9th grade, including academic summer schools or enrichment programs (**Note:** GPA will not affect admission to JWU or CMC)

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>GPA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all **colleges** attended

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>GPA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current School:	Dates attended:	Semesters completed:
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Honors:
Briefly list any academic distinctions or honors you have received since the 9th grade

Academic strengths/interests:

Sports/Extra-Curricular Activities:

Athletics:

Academic:

Cultural:

Other:

Have you had any academic consequences due to your addiction?
If yes, please describe:

Have you ever been assessed for learning disabilities?
If yes, please describe:

Have you ever received any medical or educational treatment for learning disabilities?
If yes, please explain:

If there have been no learning disability assessments, do you have concerns this may be an issue?
If yes, please explain:

Placement Information

What specific events precipitated your decision to apply to JWU?

Treatment History/Documented Sobriety

Sobriety Date:

Please list all previous, relevant treatment and/or interventions (including home therapists, psychiatrists, etc.) below:

Treatment Center 1

Can we contact?

Location:

Dates:

Provider:

Reason for placement/intervention and outcomes:

Treatment Center 2

Can we contact?

Location:

Dates:

Provider:

Reason for placement/intervention and outcomes:

Treatment Center 3

Can we contact?

Location:

Dates:

Provider:

Reason for placement/intervention and outcomes:

Psychological Testing: Have you had any psychological testing?

If yes, please describe (include date/reason):

***Note:** Please fax/email/mail all previous testing from the last 3 years as part of this application

Medical Information (for non-Jaywalker Lodge applicants)

Family Doctor:

Family Dentist:

Do you wear:

glasses contacts all the time reading classroom

Date of last physical:

Doctor:

Reason:

Please list any surgeries, serious illness and hospital or psychiatric hospital stays. Please include date/event:

Please list any prescription and/or over-the-counter medications you are currently taking and the reasons for each (include dosage, prescribing physician /phone):

Are there any known side effects of the medication for you? No Yes

If yes, please describe:

Please describe previous history of medications: (include name of medication, dosage, reason, prescribing physician)

Are you currently taking any vitamins or supplements? No Yes

If yes, please describe:

Do you currently get exercise? No Yes

If yes, please describe physical activities which indicate current fitness level:

Describe any pertinent medical/physical information that might inhibit physical activity:

Do you have any dietary restrictions? No Yes
If yes, please describe (include any non-allergy related dietary requests/preferences)

Please describe in detail any specific symptoms; frequency/duration of symptoms; date of last occurrence; care required for each occurrence; how symptom/condition restricts physical activity:

Allergies/Asthma: No Yes
List all known allergies to **medicines, food, insect bites/stings, etc.** Include the severity of reaction; specific details of last occurrence - date, precisely what happened and how it was controlled:

Do you carry an inhaler or epinephrine pen? No Yes
If yes, please list name/type of inhaler pen:

Have you ever been hospitalized for allergies/asthma? No Yes
If yes, please describe (include date/reason):

Insurance Information

***Note:** *Jaywalker Lodge does NOT accept insurance. This is for use with outside doctors, pharmacies, etc.*

PRIMARY INSURANCE COMPANY:

Address:

Benefits Phone Number:

Group Number:

Policy Number:

Policyholder's name:

Employer:

Date of Birth:

Social Security Number:

SECONDARY INSURANCE COMPANY:

Address:

Benefits Phone Number:

Group Number:

Policy Number:

Policyholder's name:

Employer:

Date of Birth:

Social Security Number:

Writing

Please briefly elaborate on one of your extracurricular activities or work experiences in the space below:

Please write an essay of 250-300 words on **two** of the three topics listed below and attach it to your application before submission. Please indicate your topics by checking the appropriate box. These personal essays help us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself.

- 1. Evaluate a significant recovery-related experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- 2. Discuss some recovery-related issue of personal, local, national, or international concern and its importance to you.
- 3. Indicate a person who has had a significant recovery-related influence on you, and describe that influence.

Signature

- I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of JWU and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.

Signature _____ Date _____