

## **ELIGIBILITY AND APPLICATION PROCEDURES FOR THE U.S. ARMY WORLD CLASS ATHLETE PROGRAM**

1. To be eligible for the U.S. Army World Class Athlete Program, Soldiers must meet the following requirements:

a. A current member of the Active Army, Army Reserve, or Army National Guard. This requirement is not waivable.

b. Branch qualified for officers or MOS qualified for enlisted Soldiers. This requirement is not waivable.

c. Eligible to represent the USA in international competitions. Soldiers who are not eligible to represent the USA must demonstrate that they will become eligible in time to qualify for the U.S. Paralympic Team.

d. Demonstrate the potential to qualify for the U.S. Paralympic Team. See the selection standards for your specific sport on the WCAP website. If selection standards for your sport are not listed, you can assume that the selection standards will be similar to those required to make the national team for that particular sport.

e. Must be able to obtain a classification from USA Paralympics in the sport for which you are applying. Classification is a structure for competition. Paralympic athletes have an impairment in body structure and functions that lead to a competitive disadvantage in sport. Consequently, criteria are put in place to ensure that winning is determined by skill, fitness, power, endurance, tactical ability and mental focus, the same factors that account for success in sports for athletes who are able-bodied. More information on classifications is available by calling (719) 866-2030 or can be found online at <http://www.teamusa.org/us-paralympics/sports/classification>

2. The following forms/documents are required from Active Army, Army Reserve, and National Guard Soldiers for the application process for assignment to the U.S. Army World Class Athlete Program. All of the below forms can be found at <http://www.apd.army.mil/default.aspx>

a. DA Form 4187 (Personnel Action). Example of DA Form 4187 is attached. Ensure that both the Soldier and their Commander have completed and signed their portion of the form.

b. DA Form 4762 (Athlete's Application). Example of DA Form 4762 is attached. Ensure that both the Soldier and their Commander have completed and signed their portion of the form.

c. DA Form 1058-R (Application for Active Duty). ***This form is only required from Army Reserve and National Guard applicants.*** Example DA Form 1058-R is attached. Ensure that both the Soldier and their Commander have completed and signed their portion of the form.

d. Enlisted or Officer Record Brief

e. Three most recent evaluation reports for Soldiers in the ranks of Sergeant and above. These may be Officer Evaluation Reports, Noncommissioned Officer Evaluation Reports, or Academic Evaluation Reports.

f. DA Form 3349 (Physical Profile)

g. Approved Physical Evaluation Board

h. Letters of recommendation from individuals qualified to judge your potential to succeed in your sport at the highest levels of international competitions. Some examples would be present or former coaches, National Team Coaches, or representatives from the National Governing Body of the sport for which you are applying. Provide at least one and up to three letter of recommendation with your application.

i. Letter of endorsement from the U.S. Paralympic Committee attesting to your qualifications.

j. Completed WCAP questionnaire. The WCAP questionnaire is attached.

Failure to provide all of the above required documentation will result in a delay of your potential assignment or could possibly result in disapproval.

3. Upon completion of all required documents, send your application packet to the World Class Athlete Program by **ONE** of the following means:

a. Email your application packet, preferably as a PDF file, to both of the following email addresses: [mark.s.dunivan.naf@mail.mil](mailto:mark.s.dunivan.naf@mail.mil) and [peggy.w.hutchinson.naf@mail.mil](mailto:peggy.w.hutchinson.naf@mail.mil)

b. Fax your application packet to the WCAP Sports Specialist at (719) 526-2146.

c. Mail your application packet to:

Commander  
U.S. Army World Class Athlete Program  
1450 Magrath Avenue, Building 1662  
Fort Carson, CO 80913-4150

4. Upon receipt of your application packet, you and your Commander will receive notification via the email address you listed on your DA Form 4187 that your application has been received and an approximate date of when you should be notified of your approval or disapproval for entry into the program.

5. If you have any questions about the application process, contact the U.S. Army World Class Athlete Program at (719) 526-3908 or (719) 526-5871.

# PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Commander, U.S. Army World Class Athlete Program ATTN: Sports Specialist Fort Carson, CO 80913	3. FROM (Include ZIP Code) Commander, YOUR UNIT YOUR INSTALLATION
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) YOUR NAME	5. GRADE OR RANK/PMOS/AOC YOUR GRADE OR RANK/PMOS	6. SOCIAL SECURITY NUMBER 012-34-5678
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## SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Request reassignment to the U.S. Army World Class Athlete Program
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request reassignment to the Army World Class Athlete Program.

If approved, I request a report date of (enter date you will be available for reassignment).

If approved, I agree to remain on Active Duty through September 2021.

Official Army Email Address: (enter your official Army email address).

Personal Email Address: (enter you personal email address).

Phone Number: (enter phone number you can be contacted at).

Commander's Army Email Address: (enter your Commander's official Army email address).

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -  
 HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

## ATHLETE'S APPLICATION

For use of this form, see AR 215-1; the proponent agency is OACSIM.

**AUTHORITY:** 10 U.S. Code 3013, and PL 11, 84th Congress.

**PRINCIPAL PURPOSE:** To evaluate applications by athletes for acceptance in inter-service, national, and international competitions, including the Olympic Games.

**ROUTINE USES:** To determine eligibility of athletes for amateur sports participation.

**DISCLOSURE:** Disclosure of information is voluntary. However, failure to disclose information would result in non-selection.

1. NAME <i>(Last, First, MI)</i>  YOUR NAME				2. RANK  YOUR RANK		3. DUTY PHONE <i>(Autovon)</i>  YOUR PHONE NUMBER	
4. SSN 012-34-5678	5. MOS MOS	6. AGE 25	7. SEX MALE	8. HEIGHT 73	9. WEIGHT 200	10. DEROS DATE IF APPLICABLE	

11. CURRENT UNIT MAILING ADDRESS AND INSTALLATION *(Complete/NO Abbreviations)*

YOUR CURRENT UNIT MAILING ADDRESS

12. SPORT AND POSITION FOR WHICH QUALIFIED  SPORT YOU ARE APPLYING FOR	13. DATE BASIC MILITARY TRAINING WAS COMPLETED  DATED COMPLETED	14. DATE OF COMPLETION OF CURRENT TERM OF SERVICE/CATEGORY EXPIRATION  ETS DATE
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15. SUPPORTING EXPERIENCE *(Use this space and additional sheets, if necessary, to list supporting experience, i.e., event, date, place, and performance in each case. A separate application is required for each sport.)*

LIST ALL NATIONAL AND INTERNATIONAL COMPETITIONS THAT YOU HAVE COMPETED IN THAT YOU WANT TO BE CONSIDERED.

EXAMPLES:

1st Place at the 2016 U.S. National Championships, Las Vegas, NV  
 3rd Place at the 2015 World Championships, Beijing, China  
 5th Place at the 2014 World Cup, Berlin, Germany

16. I Understand and Will Comply with the Army's Policy Concerning use of Performance-Enhancing Drugs as Prescribed in AR 215-2, Para 6-3g (21) Volunteer to Train for and, If Selected, Represent the Army, Armed Forces, and/or the United States in Sports Competition.

17. SIGNATURE OF APPLICANT	18. DATE
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19. COMMANDER'S ACTION ON RELEASE TO PARTICIPATE IF SELECTED

APPROVAL     DISAPPROVAL

20a. PRINTED NAME OF COMMANDER	20b. RANK
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20c. SIGNATURE OF COMMANDER	20d. DATE
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**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,  
TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE  
ARMY NATIONAL GUARD AND U.S. ARMY RESERVE**

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 672(d) and USC 275.  
**PRINCIPAL PURPOSE:** To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.  
**ROUTINE USES:** To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders.  
**DISCLOSURE:** Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

**PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)**

1. TO (Include ZIP Code)  
 Commander  
 U.S. Army World Class Athlete Program  
 Fort Carson, CO 80913

2. NAME (Last, First, MI)  
 YOUR FULL NAME

3a. PERMANENT HOME ADDRESS (Include ZIP Code)  
 YOUR PERMANENT HOME ADDRESS

4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)  
 ADDRESS IF DIFFERENT FROM PERMANENT HOME ADDRESS

3b. HOME TELEPHONE NUMBER (Include area code)  
 000-000-0000

4b. HOME TELEPHONE NUMBER (Include area code)  
 000-000-0000

3c. BUSINESS TELEPHONE NUMBER (Include area code)  
 000-000-0000

4c. BUSINESS TELEPHONE NUMBER (Include area code)  
 000-000-0000

5. UNIT OF ASSIGNMENT OR ATTACHMENT  
 YOUR CURRENT UNIT

6. GRADE  
 YOUR GRADE

7. BRANCH  
 YOUR BRANCH

8. SEX  
 Male  Female

9. DOB  
 11/04/1965

10. MARITAL STATUS  
 MARRIED

11. NO. OF DEPENDENTS  
 1

12. PRIMARY SSI (AOC) /MOS  
 MOS

13. DUTY SSI (AOC) /MOS  
 MOS

14. HEIGHT  
 73

15. WEIGHT  
 200

16.  
 I am  I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.

17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)  
 ENTER TOTAL AFS

18. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR (Check one)

IMA AT

ADT in lieu of IMA AT

Additional ADT

19. DATES OF ADSW/TTAD/ADT/AT REQUESTED

a. FIRST CHOICE

b. SECOND CHOICE

NUMBER OF DAYS  
 1,095

BEGINNING DATE/TIME  
 ENTER DATE

NUMBER OF DAYS

BEGINNING DATE/TIME

LOCATION  
 FORT CARSON, CO 80913

LOCATION

DUTY/TRAINING AGENCY  
 U.S. Army World Class Athlete Program

DUTY/TRAINING AGENCY

20. To the best of my knowledge and belief, I am physically qualified for active military duty. I was

a. LAST EXAMINED ON  
 ENTER DATE

b. AT  
 ENTER LOCATION

21. SIGNATURE

22. DATE

**23. REMARKS**

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (*Manpower and Reserve Affairs*). I hereby consent to my release from active duty at the completion of this tour.

\_\_\_\_\_  
(Signature of applicant)

**PART II - RECORDS CUSTODIAN**

24. PAY ENTRY BASIC DATE ENTER DATE	25. SECURITY CLEARANCE ENTER LEVEL	26. PROMOTION CONSIDERATION CODE	27. DATE OF RANK ENTER DATE
28. RYE DATE ENTER DATE	29. ETS ( <i>Enlisted</i> ) ENTER DATE	30. MANDATORY REMOVAL DATE ( <i>Officers</i> ) ENTER DATE	31. UIC ENTER YOUR UIC
32. HIV TEST DATE ENTER DATE	33. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

34. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/DUTY (AD, TTAD, etc.)	c. LOCATION/INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			
ENTER DATE	ENTER DATE	365	ENTER TYPE OF TRAINING	ENTER LOCATION	ENTER DUTY PERFORMED

e. SIGNATURE OF UNIT COMMANDER	f. DATE
35a. NAME OF RECORDS CUSTODIAN ( <i>Last, First, MI</i> )	b. GRADE
c. SIGNATURE	d. DATE

## WCAP Questionnaire

### Your Sport's Olympic/Paralympic Qualification

1. Please describe the Olympic/Paralympic selection process for your sport. If the 2020 selection process has not been announced for your sport, please describe how the 2016 selection was conducted. Include the following:
  - a. How many U.S. athletes qualify for the Olympic/Paralympic Games in your event?
  - b. Is selection a single-day event, multi-day, or a compilation of an entire season?
  - c. Is selection based on World or National rankings?
  - d. When does selection usually start and when does it conclude (for selection process that lasts longer than one day)?
  - e. Are there cutoff points (for instance, in some sports, you must be in the top X athletes by a certain date to continue with selection)?
  - f. Does your sport use quota slots?
  - g. Are there international standards that an athlete must make to compete at the Olympic/Paralympic Games?
  - h. Any other relevant information that assists in understanding the qualification system for your sport or event.

### Your Athletic Assessment

2. What are your current and/or best international/national rankings as it pertains to Olympic/Paralympic qualification? (Do not include age-group rankings or non-elite rankings. If your sport does not include a ranking, please estimate what your place at your latest U.S. Nationals or Olympic Trials would have been given your current ability).
3. Self assessment
  - a. How would you describe yourself as an athlete/
  - b. Are you currently at an elite level?
  - c. What is your top level of potential (i.e. National Champion, Olympic/Paralympic Trials Qualifier, Olympian/Paralympian, Olympic/Paralympic Medalist)?
4. Goals and Plans
  - a. What are your career athletic goals?
  - b. What are your goals for the 2020 quad?
  - c. What benchmarks are you using to evaluate your success?
5. Please write a statement about your chances of qualifying for the 2020 Olympics/Paralympics. Include the following:
  - a. Why you believe that you can qualify, to include data and stats.
  - b. An estimate of your probability for qualification.
  - c. Any other pertinent information that will assist us in evaluating your ability.

**PLEASE INCLUDE THE ABOVE WITH YOUR APPLICATION FOR SELECTION TO THE WORLD CLASS ATHLETE PROGRAM.**