Wounded Warrior Cyber Combat Academy (W2CCA) – Application– Separated

Application for
Separated Service
Members Applying to
the Wounded Warrior
Cyber Combat
Academy

Version 1.0

Published 5/16/2016

This page is left intentionally blank

TABLE OF CONTENTS

1. Instructions for the W2CCA Candidate

To enroll and benefit from the W2CCA program, each aspiring candidate must submit a formal application to the FITSI Foundation. The FITSI Foundation requires the following:

1. Documentation of a candidate's personal information.
2. Documentation of a candidate's injuries that meet the eligibility criteria of the W2CCA program.
3. Two endorsements from professional colleagues that attest to the character and attitude of the candidate to participate in the W2CCA program.
4. A formal attestation by the candidate that the information provided in the application is true and correct.

This document must be completed electronically and emailed to the FITSI Foundation. Candidates must complete sections 3, 4 and 6 of this application in their entirety. Additionally, the endorsement forms identified in section 5 must be completed and signed by the endorser and included at the time of application submission.

If the application is not completed in full and returned in total, the application will be denied and the candidate will be notified via email.

After this application has been completed and approved by the W2CCA program, an IT aptitude exam will be scheduled and completed prior to the start of training.

2. W2CCA Admission Criteria

Acceptance into the W2CCA program requires each candidate meet all of following conditions.

1. Be transitioning (i.e., submitted paperwork to begin the discharge process) or have transitioned from military service

2. Suffer from one or more of the *combat related injuries or combat related illnesses* listed in paragraph 3 below incurred while deployed in overseas contingency operations since September 11, 2001

3. Have received a physical disability rating of 30% or greater in due to least one of the specific conditions listed below, or have received a combined rating equal to or greater than 50% for any other combat or combat related condition. If a disability rating is pending, a doctor's signed certification of at least one of the following conditions can be submitted in lieu of a VA disability rating.

   - Blindness/severe loss of vision
   - Deafness/severe hearing loss
   - Fatal/incurable disease
   - Loss of limb
   - Permanent disfigurement
   - Post-traumatic stress disorder (PTSD)
   - Severe burns
   - Spinal cord injury/severe paralysis
   - Traumatic brain injury (TBI)
   - Any other condition requiring extensive hospitalizations or multiple surgeries
   - Fatal/incurable disease with limited life expectancy by the applicant

4. Passing of an IT aptitude exam by the applicant (scheduled after this application has been accepted by the W2CCA program).

Please Note: Should a service member be unable to participate due to the severity of his/her injuries, the same support will be extended to a member of his/her immediate family who may be seeking training. If support is provided to a family member and the service member becomes able to participate, admission will then also be extended to him/her. Widows and widowers of service members who have paid the ultimate sacrifice during overseas contingency operations since September 11, 2001 are also eligible for admission into the W2CCA program.

Please note: Admission to the W2CCA program requires all of the criteria be met by the service member. Applications that do not meet the above criteria will be denied.

3. Candidate Information

Candidate First Name: _____ Middle Initial: _____

Candidate Last Name: _____

Preferred Mailing Address: _____

_____

_____

Candidate Contact Email: _____

Candidate Contact Phone: _____

Branch of Service: _____   Service Status: _____

Amount of time in this service: _____

Geographic area where injury was sustained: _____

Date of injury: _____

Submit a redacted DD Form 214 as proof of service and overseas contingency operations since September 11, 2001. *

* redacted forms must have the social security number blacked out. Do not send un-redacted DD-214 forms with social security numbers included.

4. Candidate Injuries

The W2CCA program requires candidates to meet the criteria identified in Section 2.

Type of Injury: (check all that apply)

_____ Blindness/severe loss of vision
_____ Deafness/severe hearing loss
_____ Fatal/incurable disease
_____ Loss of limb
_____ Permanent disfigurement
_____ Post-traumatic stress disorder (PTSD)
_____ Severe burns
_____ Spinal cord injury/severe paralysis
_____ Traumatic brain injury (TBI)
_____ Any other condition requiring extensive hospitalizations or multiple surgeries
_____ Fatal/incurable disease with limited life expectancy by the applicant
_____ Other: (Please specify below)

Other Injury:

Please describe in detail the nature of your injury and how it was sustained:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Provide a redacted copy of the VA Disability letter as proof of injuries or illnesses that meet the criteria in Section 3. Applications may provide a doctor's signed certification of at least one of the above conditions if the VA Disability is pending. Redact the social security number from any documentation submitted.

* redacted forms must have the social security number blacked out. Do not send un-redacted documentation with social security numbers included.

5. Third-Party Endorsements

The W2CCA requires that all candidates provide two endorsements from professional colleagues that attest to the character and attitude of the candidate to participate in the W2CCA program.

The W2CCA program provides an endorsement form as separate documents that can be emailed to colleagues or employers. These separate copies of the endorsement forms can be found at http://www.w2cca.org.

6. Candidate Attestation

This form must be completed and signed by the candidate.

Dear W2CCA program Admissions,

As part of the application of acceptance into the W2CCA program, I have provided the necessary information to demonstrate that I meet the admission criteria specified in section 2.

I attest that the information provided in this application is correct and accurate and that I have not intentionally mislead or falsified any aspect of this application either intentionally or inadvertently. I understand that my application may be audited. If it is determined that my information is not accurate I can be removed from the program at any time without notice.

_____
Printed Name

_____
Signature

_____
Date