


Wounded Warrior Cyber Combat Academy (W2CCA) – Application Caregiver



Application for
Caregivers of Injured
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 CAREGIVER OF AN INJURED SERVICE MEMBER	4
2. W2CCA ADMISSION CRITERIA	5
3. GENERAL INFORMATION.....	6
A. CAREGIVER INFORMATION.....	6
B. INJURED SERVICE MEMBER INFORMATION	6
4. CANDIDATE INJURIES.....	8
5. THIRD-PARTY ENDORSEMENTS.....	9
6. CANDIDATE ATTESTATION	10

1. Instructions for the Caregiver of an Injured Service Member

The W2CCA program allows a caregiver of an injured service member who meets the admissions criteria of the W2CCA program to enroll in the program in place of the injured service member. To enroll and benefit from the W2CCA program, the caregiver must submit the W2CCA program 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 can 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 that the service member 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 due to at 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:

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. General Information

A. Caregiver Information

Candidate First Name: _____ Middle Initial: _____

Candidate Last Name: _____

Preferred Mailing Address: _____

Candidate Contact Email: _____

Candidate Contact Phone: _____

B. Injured Service Member Information

First Name: _____ Middle Initial: _____

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 (if discharged) as proof of service and overseas contingency operations since September 11, 2001. Submit documentation showing proof that the discharge process has begun and proof of service and overseas contingency operations since September 11, 2001 if the service member is active duty. Redact the social security number from any documentation submitted.

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

5. Third-Party Endorsements

The W2CCA requires that all candidates must provide two endorsements from professional colleagues that attest to the character and attitude of the candidate (i.e., caregiver) 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 both the caregiver applying for the W2CCA program and the injured service member who qualifies for the W2CCA program.

Dear W2CCA program Admissions,

As part of the application of acceptance into the W2CCA program, we have provided the necessary information to demonstrate that the injured service member listed below meets the W2CCA program requirements.

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

Caregiver - Printed Name

Caregiver - Signature

Date

Injured Service Member - Printed Name

Injured Service Member - Signature

Date