

## **Eligibility and Application Procedures for The Army World Class Athlete Program**

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

- a. Currently a 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. Olympic Team.
- d. Demonstrate the potential to qualify for the U.S. Olympic Team or 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. FOR BOXING ONLY: Must not turn 35 before the first day of boxing for the Olympics that you are applying for.

2. The following forms/documents are required for the application process for assignment to the World Class Athlete Program:

- a. DA Form 4187 (Personnel Action).
- b. DA Form 4762 (Athlete's Application).
- c. FOR NATIONAL GUARD AND U.S. ARMY RESERVE SOLDIERS ONLY: DA Form 1058-R. (Application for Active Duty). Leave blocks 19 and 20 blank.
- d. FOR NATIONAL GUARD SOLDIERS ONLY: A letter from the State Adjutant General stating that you will be released from your assigned duties during the term of assignment to WCAP and a position exists to which you can return upon release from WCAP.
- e. FOR U.S. ARMY RESERVE SOLDIERS ONLY: A letter from the first General Officer in applicants chain of command endorsing the applicants unit commander's decision to release applicant for an ADOS tour of duty.
- f. Enlisted or Officer Record Brief

g. 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.

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 applying. Provide at least one and up to three letters of recommendation.

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

a. Email your application packet, preferably as either a PDF file, to the attention of both [mark.dunivan@us.army.mil](mailto:mark.dunivan@us.army.mil) and [peggy.hutchinson@us.army.mil](mailto:peggy.hutchinson@us.army.mil).

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

c. Mail your application packet to:

World Class Athlete Program  
1450 Magrath Avenue, Building 1662  
ATTN: Sports Specialist  
Fort Carson, CO 80913-4150

Examples of forms and complete application packet are attached.

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

4. If you have any questions about the application process, call the World Class Athlete Program at (719) 526-3908 or the Family and MWR Command at (703) 681-7211.

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

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

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Your Higher HQ (i.e. BN or BDE)	2. TO (Include ZIP Code) Commander World Class Athlete Program ATTN: Sports Specialist Fort Carson, CO 80913	3. FROM (Include ZIP Code) Your Name Your Unit Your Duty Station
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) YOUR FULL NAME	5. GRADE OR RANK/PMOS/AOC YOUR RANK/PMOS	6. SOCIAL SECURITY NUMBER 555-55-5555
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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) 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 agree to remain on Active Duty through October 2012.

If approved, I request a report date of (enter day, month, and year that you will be available for reassignment).

Your AKO Email Address: your.name@us.army.mil

Personal Email Address: yourname@yahoo.com

Your Commander's AKO Email Address: commanders.name@us.army.mil

**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)

Your Commander's Name and Signature

## ATHLETE'S APPLICATION

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

**NOTE:** Attach DA Form 4763-R, (*Athlete's Certificate of Amateurism*). Certificate is not required for CSIM team sports.

**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 (Last, First, MI) DOE, JOHN M.				2. RANK SSG		3. DUTY PHONE (Autovon) 719-555-5555	
4. SSN 555-55-5555	5. MOS 11B	6. AGE 32	7. SEX M	8. HEIGHT 73"	9. WEIGHT 185	10. DEROS DATE N/A	

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

1st Battalion, 8th Infantry  
 4th Infantry Division  
 5555 Magrath Avenue  
 Fort Carson, CO 80913

12. SPORT AND POSITION FOR WHICH QUALIFIED Sport you are applying to compete in.	13. DATE BASIC MILITARY TRAINING WAS COMPLETED 19971010	14. DATE OF COMPLETION OF CURRENT TERM OF SERVICE/CATEGORY EXPIRATION 20121009
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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 PREVIOUS EXPERIENCE THAT YOU'VE HAD IN THE SPORT FOR WHICH YOU APPLYING. SOME EXAMPLES:

June 2005 - competed at the (fill in the name and location of competition) and finished in 2nd place in the sport of (list sport here).  
 August 2005 - competed at the (fill in the name and location of competition) and finished in 3rd place in the sport of (list sport here).  
 April 2006 - competed at the (fill in the name and location of competition) and finished in 1st place in the sport of (list sport here).

WHILE THE ABOVE ARE JUST EXAMPLES, PLEASE TRY TO PROVIDE AS MUCH DETAILED INFORMATION AS POSSIBLE.

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 SIGN YOUR NAME HERE	18. DATE
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19. COMMANDER'S ACTION ON RELEASE TO PARTICIPATE IF SELECTED

APPROVAL     DISAPPROVAL

20a. PRINTED NAME OF COMMANDER YOUR COMMANDERS FULL NAME HERE	20b. RANK
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20c. SIGNATURE OF COMMANDER YOUR COMMANDERS SIGNATURE HERE	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 ODCSPER

**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. The SSN is used to identify the applicant.  
**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 World Class Athlete Program Fort Carson, CO 80913			
2. NAME (Last, First, MI) YOUR FULL NAME		3. SSN  555-55-5555	
4a. PERMANENT HOME ADDRESS (Include ZIP Code) YOUR PERMANENT HOME ADDRESS		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code) ONLY PROVIDE IF DIFFERENT FROM 4a.	
4b. HOME TELEPHONE NUMBER (Include area code) YOUR HOME TELEPHONE NUMBER		5b. HOME TELEPHONE NUMBER (Include area code) ONLY PROVIDE IF DIFFERENT FROM 4b.	
4c. BUSINESS TELEPHONE NUMBER (Include area code) YOUR WORK PHONE NUMBER		5c. BUSINESS TELEPHONE NUMBER (Include area code) ONLY PROVIDE IF DIFFERENT FROM 4c.	
6. UNIT OF ASSIGNMENT OR ATTACHMENT YOUR CURRENT UNIT OF ASSIGNMENT		7. GRADE YOUR CURRENT GRADE	8. BRANCH USAR OR ARNG
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. DOB  YOUR BIRTH DATE	11. MARITAL STATUS  YOUR MARITAL STATUS	12. NO. OF DEPENDENTS  # OF DEPENDENTS
13. PRIMARY SSI (AOC)/MOS YOUR PMOS	14. DUTY SSI (AOC)/MOS YOUR DMOS	15. HEIGHT YOUR HEIGHT	16. WEIGHT YOUR WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)  YOUR TOTAL TIME OF AFS	
19. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR (Check one)  <input type="checkbox"/> IMA AT <input type="checkbox"/> ADT in lieu of IMA AT <input type="checkbox"/> Additional ADT			
20. DATES OF ADSW/TTAD/ADT/AT REQUESTED			
a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION FORT CARSON, CO		LOCATION	
DUTY/TRAINING AGENCY WORLD CLASS ATHLETE PROGRAM		DUTY/TRAINING AGENCY	
21. To the best of my knowledge and belief, I am physically qualified for active military duty. I was			
a. LAST EXAMINED ON DATE OF LAST PHYSICAL EXAM		b. AT LOCATION OF EXAM	
22. SIGNATURE		23. DATE	



APPROVING AGENCY  
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Chief, National Guard Bureau, ATTN: NGB-ARO-OY, 111  
South George Mason Drive, Arlington, VA 22204-1382

SUBJECT: TAG Release for **YOUR RANK AND NAME HERE**

1. I fully concur with request for **YOUR RANK AND NAME HERE** to support the National Guard Bureau and agree to their temporary release for the duration of this tour with the Army World Class Athlete Program. A position will be available for **YOUR RANK AND NAME HERE** upon release from the Army World Class Athlete Program.
2. Point of contact for this headquarters is **TAG REPRESENTATIVE AND PHONE NUMBER.**

SIGNATURE BLOCK  
OF TAG OR THEIR DESIGNATED REPRESENTATIVE

**EXAMPLE OF  
TAG RELEASE LETTER  
FOR NATIONAL GUARD  
SOLDIERS**

GUIDANCE FOR GO ENDORSEMENT MEMO

1. THERE IS A NEW REQUIREMENT FOR 1<sup>ST</sup> GENERAL OFFICER IN COMMAND TO ENDORSE ADOS TOURS FOR ARMY RESERVE TPU SOLDIERS.
2. ONCE SIGNED, ROUTE DA1058 UP CHAIN-OF-COMMAND WITH SAMPLE GO ENDORSEMENT MEMO FORMAT.
3. COMPLETED PACKAGE WILL CONSIST OF A) DA1058 FULLY EXECUTED BY UNIT COMMANDER AND B) SIGNED GO ENDORSEMENT MEMO.

**MUST BE TYPED ON Command Letterhead**

Office Symbol

Date

MEMORANDUM FOR Commander, U.S. Army Human Resources Command, 200 Stovall Street, Alexandria, VA, 22332

SUBJECT: Endorsement for Active Duty for Operational Support (ADOS) Tour

1. This memo acknowledges the review and verification of the DA-1058-R signed by the unit commander to release Last, First, MI, Rank and SSN for an ADOS tour of duty.
2. Soldier has performed \_\_\_\_\_ days, as defined by Title 10 Section 12301(d), prior to the start of their next tour of active duty.
2. POC for this action is

*///signature///*

Name of GO  
Rank, Component  
Commander

**SAMPLE MEMORANDUM FOR GENERAL  
OFFICER ENDORSMENT FOR ARMY RESERVE  
TPU ADOS TOURS**

**ENLISTED**  
**OR**  
**OFFICER**  
**RECORD BRIEF**

**THREE MOST RECENT  
EVALUATION REPORTS  
FOR SOLDIERS IN THE  
RANKS OF SERGEANT  
AND ABOVE**

**RECOMMENDATION  
LETTER(S) ATTESTING  
TO YOUR  
QUALIFICATIONS AND  
POTENTIAL**