



USNA Sponsor Application

New Sponsors: Click [Submit a New Application].

Returning USNA Sponsors: Login to your existing information by entering Sponsor Number, First Name, Last Name, and Birth Date, then click [Log In].

Sponsor Number:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Birth Date(DD-MON-YYYY, e.g. 02-FEB-1988):	<input type="text"/>

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 U.S.C. S301.

PRINCIPLE PURPOSE: To assist the Naval Academy to manage the USNA Sponsor program.

ROUTINE USE: This information is used to assign midshipmen to sponsors, to maintain a record of the names and addresses of families assigned as sponsors or who are interested in the Sponsor Program, and to contact sponsors either by phone or written correspondence. The Naval Academy will also use the information to conduct background checks available through national, state, local agency and NCIC databases.

DISCLOSURE: Disclosure is voluntary. Failure to provide the requested information will result in the Naval Academy's inability to endorse you as a sponsor.

UNITED STATES NAVAL ACADEMY

Sponsor
Program



USNA Sponsor Application

Collection of this information comes under the [Privacy Act Statement](#).

Click [here](#) for Application Instructions

We appreciate your interest in the Sponsor Program at the U.S. Naval Academy. Please read the Application Instructions thoroughly and complete each section in the space provided. This application will be evaluated for the current sponsor year. Sponsors must be at least 28 years old and live within 22 miles of the Naval Academy in order to be considered. In addition, active duty military must have a rank/rate of E-6 or O-3 and above.

If you have questions, please contact the [Sponsor Program Office](#) via email or call 410-293-7031.

Personal Information

Title:	<input type="text"/>	
First Name:	<input type="text"/>	(Required)
Preferred Name:	<input type="text"/>	
Last Name:	<input type="text"/>	(Required)
Name Suffix:	<input type="text"/>	
Gender:	<input type="text"/>	(Required)
Birth Date: (DD-MON-YYYY, e.g. 02-FEB-1988)	<input type="text"/>	(Required)
Marital Status:	<input type="text"/>	(Required)
Home Address:	<input type="text"/>	(Required)
City:	<input type="text"/>	(Required)
State:	<input type="text"/>	(Required)
Zip Code:	<input type="text"/>	(Required)
Email Address:	<input type="text"/>	(Required)
Home Phone Number:	<input type="text"/>	(Required)
Work Phone Number:	<input type="text"/>	
Cell Phone Number:	<input type="text"/>	

If you are on Active Duty, in the Reserves, or Retired from the U.S. Armed Forces, please indicate the Military Branch, Rank/Rate, and current Military Status.

Military Branch:	<input type="text"/>	Select Branch and Rank/Rate from List
Rank/Rate:	<input type="text"/>	

Sponsor Application :

Military Status:

Current Employer:

Employer Address :
(Limited to 255 Characters)

Employer Phone Number:

Occupation:

Sponsor Status: (Required)

Have you ever been convicted of a felony, domestic violence, drug-related offense, sex offense, DWI/DUI, or had your driver's license revoked? (Required)

If yes, give a complete description of the incident(s). State where and when each incident occurred, the nature of the offense(s) and the date and disposition of the case(s).
(Limited to 255 characters)



Provide a Statement of Interest as to why you would like to be a part of the Sponsor Program and what you feel you have to offer.

Statement of Interest :
(Limited to 1000 Characters)



Spouse Information

If married, please provide the following information concerning your spouse. This information is required so that your household can be accurately evaluated for participation. All information is Required, except Spouse Employer Information and Occupation.

Spouse First Name:

Spouse Preferred Name:

Spouse Last Name:

Birth Date: 
(DD-MON-YYYY, e.g. 02-FEB-1988)

Spouse Employer:

Spouse Employer Address :
(Limited to 255 Characters)

Spouse Employer Phone Number:

Spouse Occupation:

Has your spouse ever been convicted of a felony, domestic violence, drug-related offense, sex offense, DWI/DUI, or had their driver's license revoked?

If yes, give a complete description of the incident(s). State where and when each incident occurred, the nature of the offense(s) and the date and disposition of the case(s).

(Limited to 255 characters.)

Household and General Midshipman Preferences

To assist the Sponsor Program Office in matching you with suitable Midshipman, please indicate your general household information and midshipman preferences.

Children:

 (Required)

Pets:

 (Required)

Allow Smoking:

 (Required)

Number of Midshipmen You Wish to Sponsor:

(Limited to 4 per class year):

 (Required)

Midshipman Gender:

 (Required)

Midshipman Home State:

 (Required)

Midshipman Military Background:

 (Required)

Do you prefer non smoker?:

 (Required)

Midshipman Varsity Sport Affiliation:

 (Required)

Indicate your top interests from the following categories:

(Select up to five.)

Sports

- Baseball Football Ice Skating Skiing Volleyball
 Basketball Golf Lacrosse Soccer Water Polo
 Bowling Gymnastics Martial Arts Swimming Weightlifting
 Boxing Hockey Running Tennis Wrestling
 Cycling

Outdoor Activities

- Auto Racing/Cars Flying/Aeronautics Horses Rollerblading Sky Diving
 Boating/Sailing Gardening Hunting/Shooting Scuba/Skin Diving Water Sports
 Crabbing/Fishing Hiking/Camping

Crafts/Hobbies

- Antiques Collecting Cooking Photography Woodworking
 Art/Drawing Computers

Music

- All Music Classical Country Rhythm And Blues Rock

Alternative

Other

- Board Games Languages Philosophy Scouting Theater
- Card Playing Movies Politics Shopping Travel
- Dancing Museums Reading Television Writing
- History

Please prioritize your preferences for selecting midshipman below. Preferences should be ranked from highest, Priority 1, to lowest, Priority 5.

Priority 1: (Required)

Priority 2: (Required)

Priority 3: (Required)

Priority 4: (Required)

Priority 5: (Required)

Specific Midshipman Request

If you wish to Sponsor particular midshipman, please enter their information in the following section. If unavailable, assignment will be addressed by general household information and midshipman preferences. All information is Required.

Last Name	First Name	Home State	Is Midshipman Aware of Your Request?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gate and Vehicle Pass Information

Please enter your vehicle information for Friends of the Naval Academy (FONA) Pass. Information for at least one vehicle must be entered. All vehicle information must be entered.

Year	Make	Model	Color	State Registered	License Plate Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Training Information

Sponsors are required to attend training every three years. Please indicate which training session you will be attending.

Session One: (Required) [Click Here for Session Dates](#)

Session Two: (Required)

Session Three: (Required)

Additional Comments and Special Considerations

Please enter any additional comments and special considerations:

(If you answered "OTHER" in any section, please explain in this section. Limited to 2000 characters.)

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Select 'Submit' to submit completed application to the Sponsor Program office.

Select 'Print' to print a copy for your records.

Select 'Exit' to exit without saving.