

OMB: 0703-0036

EXP: XX XXXX

Screen Shots with Intended Changes

Privacy Act Statement

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE: Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties.

PRIVACY ACT STATEMENT:

Authority: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 6954, Midshipmen: number; 10 U.S.C. 6956, Midshipmen: Nominations and Selection to fill Vacancies; 10 U.S.C. 6957, Selection of Persons from Foreign Countries; 10 U.S.C. 6958, Midshipmen: Qualifications for Admissions; 10 U.S.C. 6962, Midshipmen: Discharge for Unsatisfactory Conduct or Inaptitude; 10 U.S.C. 6958, Midshipmen: Discharge for Deficiency; E.O. 9397 (SSN), as amended; DoDI 1322.22, Service Academies; and N01531-1.

Purpose: Applicant files contain information used for personal information verification and to evaluate/determine competitive standing and eligibility for appointment to the Naval Academy. Midshipmen records consist of academic, military, and physical records used to track each students progress in the Naval Academy program.

Routine Use: Information will only be collected and accessed by the United States Naval Academy for the purpose of admissions and enrollment. Additionally, records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 522a(b) (3) as follows: 1.) to Congressional staffers for the purpose of reviewing applicants for status, nomination, and admission to the Naval Academy; 2.) to parents and legal guardians of midshipmen for academic, performance, disciplinary, health, and/or welfare issues; 3.) to the United States Naval Academy Sponsor Program for the purpose of assigning Midshipmen with a sponsor; 4.) to the United States Naval Institute for the purpose of relaying information about benefits; 5.) to the Naval Academy Athletic Association for the purpose of promoting and funding the Naval Academy Intercollegiate Athletic Program; 6.) to the United States Naval Academy Foundation for the purpose of sponsoring midshipmen candidates; and 7.) to the United States Naval Academy Alumni Association for the purpose of supporting the Naval Academy mission.

Disclosure: Voluntary; however, failure to provide the required information may result in a delay or inability to process the applicant's application or allow for the continued enrollment of a Midshipman at the Naval Academy.

OMB Symbol

OMB SYMBOL: OMB 0703-0036 EXP: RENEWAL PENDING

OMB Symbol

Agency Disclosure Notice

AGENCY DISCLOSURE NOTICE: The public reporting burden for this collection of information is estimated to average 1.35 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB (0703-0036)). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to: United States Naval Academy, Office of Admissions, 52 King George St., Annapolis, MD. 21402

Agency Disclosure Notice

1531/34 USNA Preliminary Application

OMB Symbol

USNA Preliminary Application

Privacy Act Statement
NOTE: This is the Preliminary Application for admission to the United States Naval Academy. Please do not submit this application if you have already submitted a USNA Summer Seminar Application.

Click [here](#) for Application instructions.

Please read Application Instructions thoroughly. Failure to comply with instructions can jeopardize your chances of gaining acceptance to the United States Naval Academy.

Please complete each section in the space provided.

Personal Information

Last Name: (Required)

Suffix:

First Name: (Required)

Middle Name:

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

Citizenship: (Required)

If you are not a U.S. Citizen, please describe your current status in the naturalization process (years with green card, etc.):
(Limited to 500 Characters)

Gender: (Required)

Height: (Required)
(Inches, e.g. 5 feet 6 inches would be entered as 66)

Weight: (Required)
(Pounds)

Social Security Number: (Required)
(No Dashes)

Race: (Required)
(Check All that Apply)

- American Indian/Alaska Native:
- Asian:
- Black or African American:
- Native Hawaiian or Other Pacific Islander:
- White:
- Declined to Respond:

1531/34 USNA Preliminary Application

White:

Declined to Respond:

Ethnicity: (Required)

Current Mailing Address: (Required)

City: (Required, All Except APO/FPO)

APO/FPO: (Required, Military Post Offices Only)

State: (Required, State & U.S. Territories Only)

Country: (Required, International Only)

Zip Code: (Required, All Except International)

Zip Code Extension:

Postal Code: (International Only)

Email Address: (Required)

Area Code & Home Phone Number: (Required, Unless Area Code & Cell Phone Number is Entered)

Area Code & Cell Phone Number: (Required, Unless Area Code & Home Phone Number is Entered)

Congressional State: [Select From List](#) (Required)

Congressional District: (Required)

Click [here](#) for instructions or if you need assistance finding your Congressional District.

Please indicate how you first learned about the United States Naval Academy: (Required)

Education

Education Level: (Required)

Expected Year of High School Graduation: (Required)
(YYYY)

High School Name: [Select From List](#) (Required)

Click [here](#) for instructions or if you need assistance finding your High School.

Enter the highest scores you have received on the following College Entrance tests.
(Leave blank if you did not take one of the tests.)

1531/34 USNA Preliminary Application

High School Name:

Click [here](#) for instructions or if you need assistance finding your High School.

Enter the highest scores you have received on the following College Entrance tests.
(Leave blank if you did not take one of the tests.)

SAT Math: SAT Critical Reading:

ACT Math: ACT English:

PSAT Math: PSAT Critical Reading:

Does your high school rank students? (Required)

Enter your class standing. Please provide your best estimate if your school does not rank students.
(Do Not Enter Percentages.)

Class Rank: (Required)

Class Size: (Required)

Remarks or Additional Comments:
(Limited to 2000 Characters)

Navy Sports

Have you been contacted by and spoken with a Naval Academy Athletic Association Coach about being recruited for a USNA Sport?:

(Required)

If Yes, please indicate the name of USNA Coach:

[Select From List](#)

If you have not already been contacted by a Naval Academy Athletic Association Coach, would you like to be considered for USNA Sport Recruitment?:

(Required)

If Yes, please indicate which Sport:

[Select From List](#)

If you are being recruited for a USNA Sport or would like to be considered for USNA Sport Recruitment, please be sure to fill out the Sport Questionnaire that will be displayed when this Preliminary Application is submitted.

Military Service

If you are on Active Duty in the U.S. Armed Forces, please indicate which Branch and Rank/Rate.

Branch of Service:

1531/34 USNA Preliminary Application

Military Service

If you are on Active Duty in the U.S. Armed Forces, please indicate which Branch and Rank/Rate.

Branch of Service:

Rank/Rate:

By SUBMITTING this electronic application, I am accepting the following:

1. I certify that the information submitted on this application is complete and correct to the best of my knowledge. Failure to completely and honestly provide any information requested by the USNA may be grounds for withdrawal of any offer of appointment or may subsequently result in dismissal from the USNA and its summer programs.
2. If there is a change in information I have provided or has been submitted on my behalf to the USNA, I will immediately inform the Admissions Office.
3. I have NO convictions or beliefs which would prohibit my serving in an unrestricted military status.
4. I am not married, and have never been married.
5. For female applicants: I am not pregnant and have not given birth to any children. If I should become pregnant, I will notify the Dean of Admissions, USNA, in writing, as to my medical status.
6. For male applicants: I have never fathered any children. If I should father a child, I will notify the Dean of Admissions, USNA, in writing.
7. I have no legal obligation to provide financial support for any person. If I should incur this obligation, I will notify the Dean of Admissions, USNA, in writing.

Agency Disclosure Notice
PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505, Sec 5031, Ch 603, Sec 5958; Title 44 USC 3101-EO 13526. ALL INFORMATION REQUESTED FOR PURPOSES OF EVALUATION BY THE SERVICE ACADEMIES. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide this information may result in denial of application. Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law.

Select 'Submit' to submit completed application to the United States Naval Academy.

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

Select 'Exit' to exit without saving.

Candidate Log In Page

UNITED STATES NAVAL ACADEMY *Admissions* 

USNA CANDIDATE INFORMATION

OMB Symbol

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Last four numbers of your SSN:	<input type="text"/>
Candidate Number:	<input type="text"/>

To login, enter First Name, Last Name, last four of your SSN and Candidate Number, then click [Log In].
The information in your USNA Admissions file will be displayed.

Privacy Act Statement

Agency Disclosure Notice

Candidate Information System Page

OMB Symbol

[Admissions Process FAQs](#) **Privacy Act Statement** [Candidate Bulletin](#)

CANDIDATE DATA

This is the current data that we have on file that you submitted on your Preliminary application or Summer Seminar application. To update phone number, email address, or mailing address, click [UPDATE] below. If you need to correct any of the other information, please e-mail the Admissions Counselor listed at the bottom of this page.

Name:	
Candidate Number:	
Gender:	
Date of Birth:	
Phone Number:	
Email:	
Mailing Address:	
High School:	
Race:	
Ethnicity:	

UPDATE

REQUIRED APPLICATION DOCUMENTS

These are all the application materials that are a part of your Candidate Application Packet. A date displayed next to the specific form indicates the date it was processed by the Admissions office. An "N/A" indicates that it is not required as a part of your application. If you are also applying for NROTC scholarship, some of the information you have submitted for that program may qualify and be used as completed USNA application documents. Additionally, some USNA application documents may be used to complete NROTC application elements. If you have any questions please e-mail your Admissions Counselor listed at the bottom of this page.

Personal Data Record:	Not Received (Submit Online)
Candidate Fitness Assessment:	Not Received (Submit Online)
Candidate Activities Record:	Not Received (Submit Online)
English Teacher Recommendation:	Not Received (Submit Online)
Math Teacher Recommendation:	Not Received (Submit Online)
Candidate Academic Information:	Not Received (Submit Online)
High School Transcript:	Not Received
College Transcript:	N/A
Commanding Officer Recommendation:	N/A

Candidate Information System Page

College Transcript:	N/A
Commanding Officer Recommendation:	N/A

OFFICIAL TEST SCORES

These are the SAT/ACT test scores that we have received as an official part of your application. To be considered an official score, results must be sent directly from the SAT/ACT organizations or included as a part of your official High School transcript. The college code numbers to forward your test scores to the Naval Academy are: SAT-5809, ACT-1742.

Test Date	Category	Math Score	Verbal Score
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NOMINATIONS

These are your nominations received to date. If there are general questions concerning the nomination process, please visit the [Admissions Apply for Nomination](#) webpage. If you have a specific question concerning the status of application for a Congressional Nomination, please contact your respective Senator/Representative's office.

None Received

ADMISSIONS COUNSELOR

This is the name and e-mail address of your Admissions Counselor. Please contact this individual if any information on this page is incorrect. If you have questions about the admissions process, please reference the [Admissions Process FAQs](#) before you e-mail your Admissions Counselor.

Name	Email
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MEDICAL STATUS

For information regarding your medical exam or status please visit the [DDMERR](#) website.

BLUE AND GOLD OFFICER CONTACT INFORMATION

This is the contact information for your Blue and Gold Officer. You are required to contact this individual to set up an interview that will be included in your admissions file. If you have problems contacting this individual, please e-mail your Admissions Counselor. If your interview has already been submitted, the date(s) will be displayed under Interview Submitted.

Name	Home Phone	Email	Interview Submitted
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[HELP](#) [EXIT](#)

Agency Disclosure Notice

Candidate Information System Candidate Update Module

UNITED STATES NAVAL ACADEMY

OMB Symbol

Update Personal Information

Privacy Act Statement

/ Candidate Number:

Current Mailing Address:	<input type="text"/>	(Required)
	<input type="text"/>	
	<input type="text"/>	
City:	<input type="text"/>	Required, All Except APO/FPO)
APO/FPO:	<input type="text"/>	(Required, Military Post Offices Only)
State:	<input type="text"/>	(Required, State & U.S.Territories Only)
Country:	<input type="text"/>	(Required, International Only)
Zip Code:	<input type="text"/>	(Required, All Except International)
Zip Code Extension:	<input type="text"/>	
Postal Code:	<input type="text"/>	(International Only)
Email Address:	<input type="text"/>	(Required)
Area Code & Phone Number:	<input type="text"/>	(Required)

Update Revert

Cancel

Agency Disclosure Notice

HELP

CANDIDATE INFORMATION

EXIT

Personal Data Record Personal Information

Personal Information

/ Candidate Number:

Application Instructions

Please read Application Instructions thoroughly. Failure to comply with instructions or failure to take required tests and examinations can jeopardize your chances of gaining an appointment to the United States Naval Academy.

Please complete each section in the space provided.

Preferred Name:
(If other than first name.)

Height: (Required)
(Inches e.g., 5 feet 6 inches would be entered as 66.)

Weight: (Required)
(Pounds)

Birth City: (Required)

Birth State: (Required, State & U.S. Territories Only)

Birth Country: (Required, If Not U.S.)

Citizenship Type: (Required)

Use the following guidelines for completing Citizenship Type:
Born in the United States or born overseas to U.S. citizens, select **US Citizen, Native Born**
Become a U.S. citizen since birth, select **Naturalized Citizen**
Legally immigrated to the U.S., select **Immigrant Alien**
Temporarily residing in the U.S., select **Foreigner**

Select "Cancel" to exit without saving.
Select "Next" to save and continue to next page.
Select "Save and Exit" to save and return to the Candidate Information page.

Personal Data Record Schools Attended

Schools Attended

/ Candidate Number:

Application Instructions

List all high schools, civilian post-high school preparatory schools, and colleges attended after eighth grade. If Home Schooled, enter High School for School Type and Home School for the School Name. Complete all the information on each school.

If you did not complete High School, indicate reason in Remarks section.

After grades have been posted, ensure that transcripts of each of the schools attended, whether or not credit was earned, have been forwarded by each school to the Admissions Office of the Naval Academy.

NOTE: If your High School transcript is forwarded prior to the completion of the first semester of your senior year, it is your responsibility to ensure that your high school forwards an updated transcript to the Naval Academy.

School Type: (Required)	School Name: (Required)	City: (Required)	State:	Country: (If non-US)	Date of Entry:(MON-YEAR) (Required)	Departure/ Expected Graduation Date: (MON-YEAR) (Required)
High School ▼	<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"/>	▼	<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"/> 	<input type="text"/> 
▼	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	<input type="text"/> 	<input type="text"/> 

Remarks:

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

Personal Data Record Prior Service

Prior Academy and Military Service

/ Candidate Number:

[Application Instructions](#)

If you previously attended or are now attending the Air Force Academy, the Naval Academy, the Military Academy, their associated preparatory schools, the Coast Guard Academy, or the Merchant Marine Academy, select the appropriate school. If you did not complete that institution's course of study, explain below.

School:

Explanation:

Have you previously been a candidate for USNA?

 (Required)

Are you currently on active duty or have you ever served on active duty drawing full pay, from which you were discharged or separated to civilian status?

 (Required)

If yes, Duty Status, Branch, Rank and Active Duty Start Date are required.

Duty Status:

Branch of Service:

Rank/Rate:

Name of Current Command and Location:

If you were separated or discharged from the military to a civilian status, select one:

Tour of Duty Start Date: (MON-YYYY)

Tour of Duty End Date: (MON-YYYY)

If you have ever been rejected for any branch of military service or ROTC, explain here:

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

1110/12 Personal Data Record Police Record/School Probations

UNITED STATES NAVAL ACADEMY *Admissions* 

Police Record and School Probations

/ Candidate Number:

Application Instructions

Have you ever been cited, arrested, convicted or fined for any violation of any law or ordinance? If Yes, complete the section below. (Required)

Include any cases in which the record may have been expunged or sealed, including juvenile records. NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OR AN APPOINTMENT OR MAY SUBSEQUENTLY RESULT IN DISMISSAL FROM USNA. A police record check is required if you are offered an appointment. A complete background investigation will be made if selected as a Midshipman for purposes of granting a Security Clearance.

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). Your application will not be evaluated unless a complete description of the incident is provided.

Have you ever been placed on probation, suspended, or expelled from High School, Preparatory School, or College? (Required)
If Yes, complete the section below.

Include Dates, Name of School, City, State, type of offense and a detailed description of each offense.

1110/12 Personal Data Record Police Record/School Probations

Have you ever been placed on probation, suspended, or expelled from High School, Preparatory School, or College? (Required)
If Yes, complete the section below.

Include Dates, Name of School, City, State, type of offense and a detailed description of each offense.

Select "Back" to save and go back to previous page.
Select "Next" to save and continue to next page.
Select "Save and Exit" to save and return to the Candidate Information page.

HELP

CANDIDATE INFORMATION

EXIT


1110/12 Personal Data Record Father/Stepfather Information

Father/Stepfather Information

Candidate Number:

[Application Instructions](#)

Please complete each section in the space provided.

Name of:	<input type="text"/> (Required)
Last Name:	<input type="text"/> (Required)
Suffix:	<input type="text"/>
First Name:	<input type="text"/> (Required)
Middle Initial:	<input type="text"/>
Home Address (if different than your Current Mailing Address)	
First Address Line:	<input type="text"/>
Second Address Line: (Use only if necessary)	<input type="text"/>
City:	<input type="text"/>
APO/FPO:	<input type="text"/> (Required, Military Post Offices Only)
State:	<input type="text"/>
Country: (if not US)	<input type="text"/>
Zip Code:	<input type="text"/>
Zip Code +4:	<input type="text"/>
Postal Code: (International Only)	<input type="text"/>
Phone Number: (if different than your contact number)	<input type="text"/>
Occupation:	<input type="text"/>
Highest Level of Education Completed:	<input type="text"/>
If your Father/Stepfather graduated from a service Academy, which Academy?	<input type="text"/>
Year of Graduation: (YYYY)	<input type="text"/>
If your Father/Stepfather is currently or has ever been a member of the Armed Forces, which branch?	<input type="text"/>
Rank/Rate: (Current rank/rate if active, retired rank/rate or rank/rate when discharged)	<input type="text"/> <small>Click this button to enter Branch and Rank/Rate </small>

1110/12 Personal Data Record Father/Stepfather Information

Rank/Rate:
(Current rank/rate if active, retired rank/rate or rank/rate when discharged)


Military Status:

If retired, is your father/stepfather collecting retired pay?

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

Click this button to enter Branch and Rank/Rate: 

1110/12 Personal Data Record Mother/Stepmother Information



Mother/Stepmother Information

Candidate Number:

[Application Instructions](#)

Please complete each section in the space provided.

Name of:	<input type="text"/> (Required)
Last Name:	<input type="text"/> (Required)
Suffix:	<input type="text"/>
First Name:	<input type="text"/> (Required)
Middle Initial:	<input type="text"/>
Maiden Name:	<input type="text"/> (Required)
Home Address (If different than your Current Mailing Address)	
First Address Line:	<input type="text"/>
Second Address Line: (Use only if necessary)	<input type="text"/>
City:	<input type="text"/>
APO/FPO:	<input type="text"/> (Required, Military Post Offices Only)
State:	<input type="text"/>
Country: (If not US)	<input type="text"/>
Zip Code:	<input type="text"/>
Zip Code +4:	<input type="text"/>
Postal Code: (International Only)	<input type="text"/>
Phone Number: (If different than your contact number)	<input type="text"/>
Occupation:	<input type="text"/>

1110/12 Personal Data Record

Mother/Stepmother Information

Phone Number:
(If different than your contact number)


Occupation:

Highest Level of Education Completed:

If your Mother/Stepmother graduated from a service Academy, which Academy?

Year of Graduation: (YYYY)

If your Mother/Stepmother is currently or has ever been a member of the Armed Forces, which branch?

Click this button to enter Branch and Rank/Rate: 

Rank/Rate:
(Current rank/rate if active, retired rank/rate or rank/rate when discharged)

Military Status:

If retired, is your mother/stepmother collecting retired pay?

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

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[CANDIDATE INFORMATION](#)

[EXIT](#)

1110/12 Personal Data Record

Sibling Information

Sibling Information

/ Candidate Number:

Application Instructions

Do you have any siblings who have received post high school education? (Required)

If yes, please complete the following. Otherwise, go to next section.

Relationship:	Last Name:	First Name:	Service Academy Graduate?	Which Academy:	Other College/University:	Enrollment Status:	Year of Graduation (YYYY)
<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"/>	<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"/>
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

1110/12 Personal Data Record

Current Studies

		▼
		▼
		▼
		▼
		▼
		▼
		▼
		▼
		▼
		▼
		▼

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

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CANDIDATE INFORMATION

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1110/12 Personal Data Record Academic Interest

Academic Interest

/ Candidate Number:

Application Instructions

Three areas of study are offered at the Naval Academy. Please select your top two groups of interest. This is not binding in any way should you receive an appointment and attend the Naval Academy.

AREA I: Bachelor of Science Degrees in the Engineering Curriculum:

Aerospace Engineering
Electrical Engineering
General Engineering
Mechanical Engineering

Naval Engineering
Ocean Engineering
Systems Engineering

AREA II: Bachelor of Science Degrees in the Math and Sciences Curriculum:

Chemistry
Computer Science
General Science
Information Technology

Mathematics
Oceanography
Physics
Quantitative Economics

AREA III: Bachelor of Science Degrees in the Humanities/Social Sciences Curriculum:

Arabic
Chinese
Economics

English
History
Political Science

Primary Interest: (Required)

Secondary Interest: (Required)

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

1110/12 Personal Data Record

Language Skills

Language Skills

Candidate Number: _____

Application Instructions

Is English the language preferred by your parents and immediate family?
(Include relatives living with your family.)

_____ (Required)

Please identify the primary language spoken in your home:

_____ (Required)

If Other, please specify:

_____ (Required if Other)

Does your family regularly read magazines, newspapers, etc., in a language other than English?

_____ (Required)

Frequency with which you speak a language besides English:
(Disregard language classes or schoolwork.)

_____ (Required)

Was English your preferred language before entering school?

_____ (Required)

If not, enter the grade level you began speaking English:

_____ (Required if No)

Please furnish details of contact you have had with languages other than English through travel and residence abroad, use with family or friends, personal study or leisure use (reading, television), or other factors that affect your knowledge. Please specify how these languages were learned and used, and describe the extent of your skills, including reading and writing, in the Remarks column. If you have taken a language that is not listed, select "Other" and specify the name of the language in Remarks.

I have language skills in the following language(s):

Language	Years Experience Learned in School	Average Grade	AP Course	AP Exam (Required only if AP Course)	Year Last Spoken (YYYY)	Spoken in Home	Remarks (Required for Each Language Entered)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Select "Back" to save and go back to previous page.
Select "Next" to save and continue to next page.
Select "Save and Exit" to save and return to the Candidate Information page.

Back Next Save and Exit

1110/12 Personal Data Record Additional Information



Additional Information

/ Candidate Number:

Application Instructions

Please complete each section in the space provided.

Are you a first generation American?

If Yes, enter the country your parents emigrated to the U.S. from.

Please provide a brief explanation of your ethnic/racial heritage. (Limited to 255 Characters)

▼ (Required)

(Required)

Will you be the first person in your family to attend college?

Do you belong to any organization that is associated with your cultural background?

If Yes, please provide a brief explanation. (Limited to 255 Characters)

▼ (Required)

▼ (Required)

Have you ever experienced any exceptional adversity that we should know about?

If Yes, please provide a brief explanation of the experience. (Limited to 255 Characters)

▼ (Required)

Have you had a unique life experience of which we should be aware?

▼ (Required)

1110/12 Personal Data Record

Additional Information

Have you had a unique life experience of which we should be aware?

If Yes, please provide a brief explanation of the experience. (Limited to 255 Characters)

 (Required)

Family combined annual household income as reported last year:

Have you received or are you currently receiving federal funding or financial assistance for a demonstrated family hardship?

If Yes, please provide a brief explanation of the nature of the hardship. (Limited to 255 Characters)

 (Required)
 (Required)

Select "Back" to save and go back to previous page.

Select "Next" to save and continue to next page.

Select "Save and Exit" to save and return to the Candidate Information page.

HELP

CANDIDATE INFORMATION

EXIT

1110/12 Personal Data Record Personal Statement

Personal Statement

Candidate Number:

Application Instructions

ESSAY MUST BE COMPLETED BEFORE SUBMITTING THIS APPLICATION. If you are currently attending NAPS or are a Foundation sponsored student, the personal statement is not required. If you were a previous applicant, you must submit a new Personal Statement.

In a well-organized essay of 300 to 500 words, please discuss the following:

- (1) Describe what led to your initial interest in the naval service and how the Naval Academy will help you achieve your long range goals, and
- (2) Describe a personal experience you have had which you feel has contributed to your own character development and integrity.

We recommend that you type the essay using a word processor. When it is complete, cut and paste it into this location.

Personal Statement:

Select "Back" to save and go back to previous page.
Select "Next" to save and continue to next page.
Select "Save and Exit" to save and return to the Candidate Information page.

1110/12 Personal Data Record Summary/Submission

Summary - Personal Data Record

Candidate Number:

Not all required information has been entered.

- To correct data displayed in the following sections, click the link in the left frame corresponding to the section heading.

Personal Information

- Height is required.*
- Weight is required.*
- Birth City is required.*
- Birth State or Birth Country is required.*
- Citizenship Type is required.*

Preferred Name:
Height in inches:
Weight in pounds:
Birth City
Birth State
Birth Country
Citizenship Type:

Schools Attended

- School Type, Name, City, State or Country, Entry Date and Departure Date are required for each school.

School Type: School Name: City: State: Country: Entry Date: Depart/Graduation Date:

Reason for not completing High School:

Prior Academy and Military Service

- A Yes/No answer for Previous Candidate is required.*
- A Yes/No answer for Prior Military Service is required.*

Previously Attended Academy or Prep School:
Reason course of study was not completed:
Have you previously been a candidate for USNA?
Current/Prior Military Service:

1110/12 Personal Data Record Summary/Submission

Current/Prior Military Service:
Duty Status:
Branch of Service:
Rank:
Organization and Location:
Separation Status:
Tour of Duty Start Date:
Tour of Duty End Date:
Reasons rejected for any branch of military service or ROTC:

Police Record and School Probations

- A Yes/No answer for Arrest/Conviction is required.
- A Yes/No answer for Suspension/Expulsion is required.

Have you been cited, arrested, convicted or fined for a violation of any law or ordinance?

Description of Incidents:

Have you ever been placed on probation, suspended, or expelled from High School, Preparatory School, or College?

Detailed Description of Each Offense:

Father/Stepfather Information

- Information on at least one parent is required.

Name of:
Last Name:
Suffix:
First Name:
Middle Initial:
Home Address Line 1:
Home Address Line 2:
City:
State:
Country:
Zip Code:
Zip Code +4:
Postal Code:
Phone Number: --
Occupation:
Education Level:
Academy Attended:
Year of Graduation:

1110/12 Personal Data Record Summary/Submission

Postal Code:
Phone Number: --
Occupation:
Education Level:
Academy Attended:
Year of Graduation:
Branch of Service:
Rank:
Military Status:
Retirement Pay

Mother/Stepmother Information

- Information on at least one parent is required.

Name of:
Last Name:
Suffix:
First Name:
Middle Initial:
Maiden Name:
Home Address Line 1:
Home Address Line 2:
City:
State:
Country:
Zip Code:
Zip Code +4:
Postal Code:
Phone Number: --
Occupation:
Education Level:
Academy Attended:
Year of Graduation:
Branch of Service:
Rank:
Military Status:
Retirement Pay:

Sibling Information

- You must indicate if you have a sibling that is a graduate or expected graduate of a service academy or college/university.

Do you have any siblings who have received post high school education?

Current Studies

1110/12 Personal Data Record Summary/Submission

Current Studies

- You are required to enter Courses for which you are Registered or for which you expect to Register.

Academic Interest

- Primary and Secondary Academic Interests are required.

First Choice:

Second Choice:

Language Skills

- A Yes/No answer for preferred language is required.
- Identification of the language spoken at home is required.
- A Yes/No answer for reading non-English material is required.
- Frequency with which you speak a language besides English is required.
- A Yes/No answer for preferred language before school is required.

Is English the language preferred by your parents and immediate family? (include relatives living with your family)

Please identify the primary language spoken in your home:

If Other, Please specify:

Does your family regularly read magazines, newspapers, etc., in a language other than English?

Frequency with which you speak a language besides English:

Was English your preferred language before entering school?

If not, enter the grade level you began speaking English:

Additional Information

- A Yes/No answer for First Generation is required.
- Remarks are required for Ethnic/Racial Heritage.
- A Yes/No answer for College is required.
- A Yes/No answer for Cultural Organization is required.
- A Yes/No answer for Exceptional Adversity is required.
- A Yes/No answer for Life Experience is required.
- A Yes/No answer for Family Income is required.
- A Yes/No answer for Funding Assistance is required.

Are you a first generation American?

If Yes, enter the country your parents emigrated to the U.S. from:

Please provide a brief explanation of your ethnic/racial heritage:

Will you be the first person in your family to attend college?

Do you belong to any organization that is associated with your cultural background?

If Yes, please provide a brief explanation:

Have you ever experienced any exceptional adversity that we should know about?

If Yes, please provide a brief explanation of the experience:

Have you had a unique life experience of which we should be aware?

If Yes, please provide a brief explanation of the experience:

1110/12 Personal Data Record Summary/Submission

Have you ever experienced any exceptional adversity that we should know about?

If Yes, please provide a brief explanation of the experience:

Have you had a unique life experience of which we should be aware?

If Yes, please provide a brief explanation of the experience:

Family combined annual household income as reported last year:

Have you received or are you currently receiving federal funding or financial assistance for a demonstrated family hardship?

If Yes, please provide a brief experience of the nature of the hardship:

Personal Statement

- A 300 - 500 word Personal Statement is required.

Select "Back" to save and go back to previous page.

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

Select "Submit" to continue to the Acceptance page.

Select "Save and Exit" to save and RETURN to the Candidate Information page.

[HELP](#)

[CANDIDATE INFORMATION](#)

[EXIT](#)

1110/91 Candidate Fitness Assessment



Candidate Fitness Assessment Application, Physical Education Instructor/Coach Information

/ Candidate Number:

Please enter the Last Name, First Name, and Email Address of the Physical Education Instructor/Coach from your Senior or Junior year for whom you want to fill out the USNA Candidate Fitness Assessment Application on your behalf.

The designated Physical Education Instructor/Coach will be sent an email message indicating your request and information pertaining to submitting this application to the United States Naval Academy.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Email Address:	<input type="text"/>

1110/91 Candidate Fitness Assessment

 admission@usna.edu
to region3a

Aug 21 (5 days ago) ☆



is in the process of applying for an appointment to the United States Naval Academy and has designated you to submit a USNA Candidate Fitness Assessment Application on their behalf. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office. In order to submit this information, either click on the link below or copy and paste the entire link into your web browser address bar.

[https://candidateinformation.usna.edu/ITSD/tprcp/acawu018\\$scf.QueryViewByKey?P_SCOF_TYPE=PAE&P_PRMI_ID=474356&Z_CHK=13878](https://candidateinformation.usna.edu/ITSD/tprcp/acawu018$scf.QueryViewByKey?P_SCOF_TYPE=PAE&P_PRMI_ID=474356&Z_CHK=13878)

Thank you

Admissions Office
United States Naval Academy

Please do not respond to this automated e-mail message.
For any questions or concerns, please contact USNA
Admissions at region3@usna.edu or [410-293-4361](tel:410-293-4361).

1110/91 Candidate Fitness Assessment

UNITED STATES NAVAL ACADEMY Admissions Privacy Act Statement USNA Candidate Fitness Assessment Application

OMB Symbol

/ Candidate Number:

Click [here](#) for Application Instructions.

The above named U.S. Naval Academy Candidate is in the process of applying for an appointment in the United States Naval Academy and has designated you to submit a Candidate Fitness Assessment Application on his or her behalf. This application must be completed by a Physical Education Instructor/Coach.

Please read Application Instructions thoroughly and complete this document accurately. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office.

Contact [USNA Admissions](#) if you have any questions or concerns regarding this application.

Date of Examination:
(DD-MON-YYYY, e.g. 01-JAN-2007) (Required)

Height:
(Inches e.g., 5 foot 6 inches would be entered as 66) (Required)

Weight:
(Pounds) (Required)

Pull-Ups:
(Number Completed) (Required)

Push-Ups:
(Number Completed) (Required)

Basketball Throw:
(Feet) (Required)

40 Yard Shuttle Run:
(Round to the Nearest Tenth of a Second) (Required)

Abdominal Crunches:
(Number Completed) (Required)

One Mile Run:
(Minutes:Seconds) (Required)

Remarks:
(Limited to 2000 Characters)

Evaluator Phone Number: (Required)

Evaluator Job Title: (Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, if you do not authorize disclosure, your information will not be used for the purposes stated above. AUTHORIZATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law. WAIVER: Submission of this application constitutes requisite written authorization by the party above whom this record is maintained of the right to remove this record, including the candidate's evaluation, if the candidate/submitter requests confidentiality.

Agency Disclosure Notice

Select 'Submit' to submit completed application to the United States Naval Academy.

1110/11 Candidate Activities Record



USNA Candidate Activities Record Application

Candidate Number:

Application Instructions

Please read Application Instructions thoroughly. Failure to comply with instructions can jeopardize your chances of gaining acceptance to the United States Naval Academy.

Please complete each section in the space provided. All high school and community activities and achievements (athletic and non-athletic) information provided must be validated by a Guidance/Career Counselor.

Contact [USNA Admissions](#) if you have any questions or concerns regarding this application.

Guidance Counselor Information:

Please enter the Last Name, First Name and Email Address of the High School Guidance Counselor for whom you want to validate the USNA Candidate Activities Record Application on your behalf.

The designated High School Guidance Counselor will be sent an email message indicating your request and information pertaining to submitting this application to the United States Naval Academy.

Last Name: (Required)

First Name: (Required)

Email Address: (Required)

Athletic Activities:

Please identify those Sports in which you participated during grades 10, 11, and 12 (include anticipated 12th grade participation and letter awards). If you were not a participant, please indicate Not Applicable. (Required for All)

Activity	Not Applicable	Junior Varsity/ Other Sports	Varsity	Varsity Letters Earned	Team Captain or Co-Captain	Special Awards/ All-Star Selection
Baseball/Softball:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basketball:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crew:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cross Country:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Football:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Golf:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gymnastics:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1110/11 Candidate Activities Record

Gymnastics:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hockey (Field or Ice):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lacrosse:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Martial Arts:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rifle/Pistol:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sailing:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Soccer:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Swimming/Diving:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tennis:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Track (Indoor/Outdoor):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volleyball:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Polo:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wrestling:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Explain in "Remarks" Below):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-Athletic Activities:

Please indicate if you were a member of any of the following Organizations.
If yes, please indicate leadership roles and any awards.

Boy Scouts of America - Member: (Required)

- Jr. Asst. Scoutmaster
- Eagle
- Asst. Scoutmaster
- Sr. Patrol Leader
- Quartermaster

Girl Scouts of America - Member: (Required)

- Patrol Leader
- Senior Leader
- Senior Challenge
- Wider Ops
- Gold Award

Voluntary Service - Member: (Required)

- Homeless Shelter/Soup Kitchen
- Nursing Home/Red Cross
- Habitat for Humanity

1110/11 Candidate Activities Record

	<input type="checkbox"/> Nursing Home/Red Cross <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Special Olympics <input type="checkbox"/> Tutoring <input type="checkbox"/> Other (Specify in "Remarks" Below)
Civil Air Patrol - Member:	<input type="text"/> (Required) <input type="checkbox"/> Officer <input type="checkbox"/> Gen. Billy Mitchell Award <input type="checkbox"/> Amelia Earhart Award <input type="checkbox"/> Other Award (Specify in "Remarks" Below)
Junior Achievement - Member:	<input type="text"/> (Required) <input type="checkbox"/> President <input type="checkbox"/> Vice President
Church Group - Member:	<input type="text"/> (Required) <input type="checkbox"/> President <input type="checkbox"/> Vice President

Please identify those Activities in which you participated during grades 10, 11, and 12 (include anticipated 12th grade participation and awards).
 If you were not a participant, please indicate Not Applicable. (Required for All)

Student Body/Council/Government:	<input type="checkbox"/> Not Applicable
President/Chairperson	<input type="text"/>
Vice President	<input type="text"/>
Secretary/Treasurer	<input type="text"/>
Representative/Committee Chairperson	<input type="text"/>
Class:	<input type="checkbox"/> Not Applicable
President/Chairperson	<input type="text"/>
Vice President	<input type="text"/>
Secretary/Treasurer	<input type="text"/>
Representative/Committee Chairperson	<input type="text"/>
School Club:	<input type="checkbox"/> Not Applicable
President/Chairperson	<input type="text"/>
Vice President	<input type="text"/>
Secretary/Treasurer	<input type="text"/>
Representative/Committee Chairperson	<input type="text"/>
School Publication:	<input type="checkbox"/> Not Applicable
Editor In Chief	<input type="text"/>
Business Circulation or Advertising Manager	<input type="text"/>

1110/11 Candidate Activities Record

Business Circulation or Advertising Manager	<input type="text"/>
Feature, Sports, News, or Photo Editor	<input type="text"/>
Writer-Reporter or Other Staff Member	<input type="text"/>
Music Participation:	<input type="checkbox"/> Not Applicable
Band - Member	<input type="text"/>
Band - Director, Leader or Drum Major	<input type="text"/>
Chorus - Member	<input type="text"/>
Chorus - Director, Leader or Drum Major	<input type="text"/>
Orchestra - Member	<input type="text"/>
Orchestra - Director, Leader or Drum Major	<input type="text"/>
Awards and Honors:	<input type="checkbox"/> Not Applicable
County, City or Local	<input type="text"/>
National or State	<input type="text"/>
Other (Specify in "Remarks" Below)	<input type="text"/>

Other Activities:	Not Applicable	Grade Participated
4H Club Judge:	<input type="checkbox"/>	<input type="text"/>
Active Member of Sailing Association:	<input type="checkbox"/>	<input type="text"/>
Actor/Actress, Stage Manager or Student Director in a 3 Act Play Before a Public Audience:	<input type="checkbox"/>	<input type="text"/>
Camp Counselor:	<input type="checkbox"/>	<input type="text"/>
Cheerleader/Pom Pom:	<input type="checkbox"/>	<input type="text"/>
Coach, Manager or Trainer of an Athletic Team:	<input type="checkbox"/>	<input type="text"/>
Competitive Dramatic or Humorous Readings:	<input type="checkbox"/>	<input type="text"/>
Contest One-Act Plays:	<input type="checkbox"/>	<input type="text"/>
Drill Team:	<input type="checkbox"/>	<input type="text"/>
JROTC Officer/Sea Cadet Petty Officer:	<input type="checkbox"/>	<input type="text"/>
JROTC, NJROTC, MCJROTC, AFJROTC Member:	<input type="checkbox"/>	<input type="text"/>
Master of Ceremonies or Chairperson of Panel or Public Discussion Group:	<input type="checkbox"/>	<input type="text"/>
Member of High School Debate Team or Squad:	<input type="checkbox"/>	<input type="text"/>
Sea Cadet Member:	<input type="checkbox"/>	<input type="text"/>
Teacher or Laboratory Assistant:	<input type="checkbox"/>	<input type="text"/>
Two or More Speeches Before Any Audience:	<input type="checkbox"/>	<input type="text"/>

Please indicate if you were a member of any of the following School Organizations.

1110/11 Candidate Activities Record

Please indicate if you were a member of any of the following School Organizations.
If yes, please indicate leadership roles.

Boys'/Girls' Nation - Delegate: (Required)

President

Vice President

Boys'/Girls/ State - Delegate: (Required)

Governor

Lt Governor

National Honor Society - Member: (Required)

President

Vice President

Beta Club - Member: (Required)

President

Vice President

Did you work at a paying job or on a farm on school days during the entire school year? (Required)

If yes, please indicate the Grade you were in, job title and the number of hours worked each week.

Grade Participated:

Job Title:

Hours Per Week:

Do you have a Pilot's License? (Required)

If yes, please indicate type.

Private

Commercial

1110/11 Candidate Activities Record

Do you have a Pilot's License? (Required)
If yes, please indicate type.

Private
Commercial

Do you have a Radio Operator's License (Not C.B.)? (Required)

Were you a Foreign Exchange Student? (Required)

Were you a ROTC, NROTC, AFROTC Member (College Only)? (Required)

Please indicate the approximate number of students in your senior class. (Required)

Remarks:
(Limited to 2000 Characters)

By SUBMITTING this electronic application, I am accepting the following:

1. I certify that the information submitted on this application is complete and correct to the best of my knowledge. Failure to completely and honestly provide any information requested by the USNA may be grounds for withdrawal of any offer of appointment or may subsequently result in dismissal from the USNA and its summer programs.
2. If there is a change in information I have provided or has been submitted on my behalf to the USNA, I will immediately inform the Admissions Office.
3. I have NO convictions or beliefs which would prohibit my serving in an unrestricted military status.
4. I am not married, and have never been married.
5. For female applicants: I am not pregnant and have not given birth to any children. If I should become pregnant, I will notify the Dean of Admissions, USNA, in writing, as to my medical status.
6. For male applicants: I have never fathered any children. If I should father a child, I will notify the Dean of Admissions, USNA, in writing.
7. I have no legal obligation to provide financial support for any person. If I should incur this obligation, I will notify the Dean of Admissions, USNA, in writing.

By submitting this application, I accept the conditions as stated above.
Once submitted, information will not be accessible online and changes will have to be made by contacting your Regional Director.

Select 'Submit' to submit completed application to the United States Naval Academy.
Select 'Print' to print a copy for your records.
Select 'Exit' to exit without saving.

1110/11 Candidate Activities Record Verification Email

admission@usna.edu

to me ▾

2:10 PM (2 minutes ago) ☆



Firstname Lastname,

is in the process of applying for an appointment to the United States Naval Academy and has designated you to submit a USNA Candidate Activities Record Application on their behalf. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office. In order to submit this information, either click on the link below or copy and paste the entire link into your web browser address bar.

[https://candidateinformation.usna.edu/ITSD/tprecp/acawu022\\$prmi.QueryViewByKey?P_ID=434364&Z_CHK=32057](https://candidateinformation.usna.edu/ITSD/tprecp/acawu022$prmi.QueryViewByKey?P_ID=434364&Z_CHK=32057)

Thank you

Admissions Office
United States Naval Academy

Please do not respond to this automated e-mail message.
For any questions or concerns, please contact USNA
Admissions at region3@usna.edu or [410-293-4361](tel:410-293-4361).

1110/11 Candidate Activities Record Verification

UNITED STATES NAVAL ACADEMY *Admissions* 

OMB Symbol

Candidate Number:

USNA Candidate Activities Record Application Validation
Privacy Act Statement

Click [here](#) for Application Instructions.

The above named U.S. Naval Academy Candidate is in the process of applying for an appointment in the United States Naval Academy and has designated you to validate the USNA Candidate Activities Record Application on his or her behalf. This application must be completed by a High School Guidance Counselor or School Official.

Please read Application Instructions thoroughly and complete this document accurately. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office.

Contact [USNA Admissions](#) if you have any questions or concerns regarding this application.

Athletic Activities

Non-Athletic Activities

Approximate number of students in senior class: 0-100

Candidate Remarks: N/A

These statements of the candidate's activities are critical elements in the Naval Academy's appointment competition. Please indicate, to the best of your knowledge, validation of the Athletic and Non-Athletic Activities (includes anticipated 12th grade participations and awards) reported by the candidate. A decision on the candidate's qualifications cannot be made until this application has been received.

If No is indicated for validation of the Candidate's Activities Record, the candidate will be sent an email message including your remarks and will need to resubmit the USNA Candidate Activities Record Application.

Do you wish to validate the Candidate's Activities Record? (Required)

1110/11 Candidate Activities Record Verification

Approximate number of students in senior class: 0-100

Candidate Remarks: N/A

These statements of the candidate's activities are critical elements in the Naval Academy's appointment competition. Please indicate, to the best of your knowledge, validation of the Athletic and Non-Athletic Activities (includes anticipated 12th grade participations and awards) reported by the candidate. A decision on the candidate's qualifications cannot be made until this application has been received.

If No is indicated for validation of the Candidate's Activities Record, the candidate will be sent an email message including your remarks and will need to resubmit the USNA Candidate Activities Record Application.

Do you wish to validate the Candidate's Activities Record? (Required)

Remarks:
(Limited to 2000 Characters)

Evaluator Phone Number:

 (Required)

Evaluator Job Title:

 (Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could result in denial of admission. Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (solely for official use), the Department of Defense, and the Department of Education. Release to any other individual/entity is only as permissible by law. WAIVER: Submission of this application constitutes requisite written waiver by the party about whom this record is maintained of the right to review this record, including the school official's evaluation, if the school official stipulates a request for confidentiality.

Agency Disclosure Notice

Select 'Submit' to submit completed application to the United States Naval Academy.
Select 'Print' to print a copy for your records.
Select 'Exit' to exit without saving.

English Recommendation

UNITED STATES NAVAL ACADEMY *Admissions* 

English Teacher Recommendation Application, English Teacher Information

/ Candidate Number:

Please enter the Last Name, First Name, and Email Address of the English Teacher from your Senior or Junior year for whom you want to fill out the USNA English Teacher Recommendation Application on your behalf. If you are also applying for a NROTC scholarship, the information contained in this recommendation may be shared with that program.

The designated English Teacher will be sent an email message indicating your request and information pertaining to submitting this application to the United States Naval Academy.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Email Address:	<input type="text"/>

English Recommendation

 admission@usna.edu

to me ▾

4:25 PM (15 minutes ago) ☆



First Name Last Name,

is in the process of applying for an appointment to the United States Naval Academy and has designated you to submit a USNA English Teacher Recommendation Application on their behalf. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office. In order to submit this information, either click on the link below or copy and paste the entire link into your web browser address bar.

[https://candidateinformation.usna.edu/ITSD/tprecp/acawu017\\$scof.QueryViewByKey?P_PRMI_ID=431217&P_SCOF_TYPE=ENG&Z_CHK=65357](https://candidateinformation.usna.edu/ITSD/tprecp/acawu017$scof.QueryViewByKey?P_PRMI_ID=431217&P_SCOF_TYPE=ENG&Z_CHK=65357)

Thank you

Admissions Office
United States Naval Academy

Please do not respond to this automated e-mail message.
For any questions or concerns, please contact USNA
Admissions at region1@usna.edu or [410-293-4361](tel:410-293-4361).

English Recommendation

UNITED STATES NAVAL ACADEMY *Admissions* 

English/Math Teacher Recommendation Application

OMB Symbol

Candidate Number:

Privacy Act Statement

Click [here](#) for Application Instructions.

The above named U.S. Naval Academy Candidate is in the process of applying for an appointment in the United States Naval Academy and has designated you to submit an English Teacher Recommendation Application on his or her behalf. This application must be completed by an English instructor from the candidate's Senior or Junior year.

Please read Application Instructions thoroughly and complete this document accurately. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office.

Contact [USNA Admissions](#) if you have any questions or concerns regarding this application.

If you wish to stipulate confidentiality as a condition for providing information, then any information provided on this application (including your identity, as well as the substance of the information) will be held confidential and will not be shared with the candidate. If you do not request confidentiality, then you will not be deemed a confidential source and under the terms of the Privacy Act, the candidate would have access to this information.

Do you wish to stipulate confidentiality as a condition for providing information?: (Required)

How long have you known this student and in what context?:
(Limited to 255 Characters)

(Required)

Please evaluate the following statements concerning the above named candidate. Rate the statements on how well the quality describes the candidate in relation to his/her peers. (Required for All)

Gains respect of peers:	<input type="button" value="v"/>
Influences other students to work together:	<input type="button" value="v"/>
Demonstrates personal integrity:	<input type="button" value="v"/>
Communicates effectively in face to face discussion:	<input type="button" value="v"/>
Communicates effectively in written work:	<input type="button" value="v"/>
Demonstrates maximum effort in a number of diverse activities and fields:	<input type="button" value="v"/>
Accepts criticism and makes improvements from it:	<input type="button" value="v"/>
Adjusts to a demanding schedule of activities without neglecting schoolwork:	<input type="button" value="v"/>
Makes friends easily:	<input type="button" value="v"/>
Persists when solving problems:	<input type="button" value="v"/>

English Recommendation

Adjusts to a demanding schedule of activities without neglecting schoolwork:

Makes friends easily:

Persists when solving problems:

Demonstrates intellectual curiosity:

How would you rate this student's overall performance and potential among all that you have taught?:

Did you provide this student with any academic accommodations? (i.e. requires extra time on test, establish 504 plan): (Required)

If yes, please list the type of academic accommodation and the school years received:
(Limited to 255 Characters)

Please comment on this candidate's academic performance and potential for future development in your discipline. It would also be helpful if you would comment on the candidate's character and integrity as compared to that of his/her peers.

Remarks:
(Limited to 3000 Characters)

(Required)

Evaluator Phone Number: (Required)

Evaluator Job Title: (Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346; Ch 503; Ch 505 Sec 5031; Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZED USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide identification could preclude appointment. RELEASE AUTHORIZATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of the United States Armed Forces, the parent or guardian of record. Release to any other individual/entity is only as permissible by law. WAIVER: Submission of this application constitutes requisite written waiver by the party about whom this record is maintained of the right to review this record, including the school official's evaluation, if the school official stipulates a request for confidentiality.

Select 'Submit' to submit completed application to the United States Naval Academy.

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

Select 'Exit' to exit without saving.

Math Recommendation

UNITED STATES NAVAL ACADEMY *Admissions* 

Math Teacher Recommendation Application, Math Teacher Information

/ Candidate Number:

Please enter the Last Name, First Name, and Email Address of the Math Teacher from your Senior or Junior year for whom you want to fill out the USNA Math Teacher Recommendation Application on your behalf. If you are also applying for a NROTC scholarship, the information contained in this recommendation may be shared with that program.

The designated Math Teacher will be sent an email message indicating your request and information pertaining to submitting this application to the United States Naval Academy.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Email Address:	<input type="text"/>

Math Recommendation

 admission@usna.edu

to me ▾

4:25 PM (15 minutes ago) ☆



First Name Last Name,

is in the process of applying for an appointment to the United States Naval Academy and has designated you to submit a USNA Math Teacher Recommendation Application on their behalf. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office. In order to submit this information, either click on the link below or copy and paste the entire link into your web browser address bar.

[https://candidateinformation.usna.edu/ITSD/tprecp/acawu017\\$scof.QueryViewByKey?P_PRMI_ID=431217&P_SCOF_TYPE=MAT&Z_CHK=7220](https://candidateinformation.usna.edu/ITSD/tprecp/acawu017$scof.QueryViewByKey?P_PRMI_ID=431217&P_SCOF_TYPE=MAT&Z_CHK=7220)

Thank you

Admissions Office
United States Naval Academy

Please do not respond to this automated e-mail message.
For any questions or concerns, please contact USNA
Admissions at region1@usna.edu or [410-293-4361](tel:410-293-4361).

Math Recommendation

UNITED STATES NAVAL ACADEMY *Admissions* 

English/Math Teacher Recommendation Application

OMB Symbol

/ Candidate Number

Privacy Act Statement

Click [here](#) for Application Instructions.

The above named U.S. Naval Academy Candidate is in the process of applying for an appointment in the United States Naval Academy and has designated you to submit an Math Teacher Recommendation Application on his or her behalf. This application must be completed by an Math instructor from the candidate's Senior or Junior year.

Please read Application Instructions thoroughly and complete this document accurately. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office.

Contact [USNA Admissions](#) if you have any questions or concerns regarding this application.

If you wish to stipulate confidentiality as a condition for providing information, then any information provided on this application (including your identity, as well as the substance of the information) will be held confidential and will not be shared with the candidate. If you do not request confidentiality, then you will not be deemed a confidential source and under the terms of the Privacy Act, the candidate would have access to this information.

Do you wish to stipulate confidentiality as a condition for providing information?: (Required)

How long have you known this student and in what context?:
(Limited to 255 Characters)

(Required)

Please evaluate the following statements concerning the above named candidate. Rate the statements on how well the quality describes the candidate in relation to his/her peers. (Required for All)

Gains respect of peers:

Influences other students to work together:

Demonstrates personal integrity:

Communicates effectively in face to face discussion:

Communicates effectively in written work:

Demonstrates maximum effort in a number of diverse activities and fields:

Math Recommendation

Demonstrates maximum effort in a number of diverse activities and fields:

Accepts criticism and makes improvements from it:

Adjusts to a demanding schedule of activities without neglecting schoolwork:

Makes friends easily:

Persists when solving problems:

Demonstrates intellectual curiosity:

How would you rate this students overall performance and potential among all that you have taught?:

Did you provide this student with any academic accommodations? (i.e. requires extra time on test, establish 504 plan): (Required)

If yes, please list the type of academic accommodation and the school years received:
(Limited to 255 Characters)

Please comment on this candidate's academic performance and potential for future development in your discipline. It would also be helpful if you would comment on the candidate's character and integrity as compared to that of his/her peers. In addition, comment on student's potential for completing calculus and calculus-based physics.

Remarks:
(Limited to 3000 Characters)

(Required)

Evaluator Phone Number: (Required)

Evaluator Job Title: (Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101, EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, your information is not to be used for purposes other than those stated. INFORMATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress, sources of nomination, other non-merit accessions programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law. WAIVER: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress, sources of nomination, other non-merit accessions programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law. WAIVER:

Select 'Submit' to submit completed application to the United States Naval Academy.
Select 'Print' to print a copy for your records.
Select 'Exit' to exit without saving.

1110/15 Candidate Academic Information/Request for Transcript

Candidate Academic Information Application, High School Official Information

/ Candidate Number:

Please enter the Last Name, First Name, and Email Address of the High School Official from your Senior or Junior year for whom you want to fill out the USNA Candidate Academic Information Application on your behalf.

The designated High School Official will be sent an email message indicating your request and information pertaining to submitting this application to the United States Naval Academy.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Email Address:	<input type="text"/>

1110/15 Candidate Academic Information/Request for Transcript

U.S. Naval Academy Candidate Academic Information Application for /

Inbox x



admission@usna.edu

4:55 PM (0 minutes ago) ☆



to me ▾

First Name Last Name,

is in the process of applying for an appointment to the United States Naval Academy and has designated you to mail an Official High School Transcript to:

Dean of Admissions
U.S. Naval Academy
52 King George St.
Annapolis, MD 21402

If you have already sent an Official Transcript to the US Naval Academy, you do not need to send another copy. The candidate is able to verify whether or not the transcript has been received by USNA Admissions.

Also, we request that you provide additional academic information by completing the Candidate Academic Information Application for the U.S. Naval Academy. Please click on the link below or copy and paste the entire link into your web browser address bar.

[https://candidateinformation.usna.edu/ITSD/tprecp/acawu019\\$predat_QueryViewByKey?P_PRMI_ID=431217&P_ITEM_NO=1&P_EDSO_ID=17106&Z_CHK=42596](https://candidateinformation.usna.edu/ITSD/tprecp/acawu019$predat_QueryViewByKey?P_PRMI_ID=431217&P_ITEM_NO=1&P_EDSO_ID=17106&Z_CHK=42596)

Thank you

Admissions Office
United States Naval Academy

Please do not respond to this automated e-mail message.
For any questions or concerns, please contact USNA
Admissions at region1@usna.edu or [410-293-4361](tel:410-293-4361).

1110/15 Candidate Academic Information/Request for Transcript

OMB Symbol

/ Candidate Number

Privacy Act Statement

Click [here](#) for Application Instructions.

The above named U.S. Naval Academy Candidate is in the process of applying for an appointment in the United States Naval Academy and has designated you to submit USNA Candidate Academic Information on his or her behalf. Please submit this application after completion of candidate's Junior year (six semesters or equivalent). If this application is submitted before the completion of the first semester of the candidate's Senior year, please furnish a report of the first semester grades when available.

In addition to submitting this application, please mail an Official copy of the candidate's High School Transcript and, if possible, a profile of the graduating class to:

Dean of Admissions
U.S. Naval Academy
52 King George St.
Annapolis, MD 21402

Please read Application Instructions thoroughly and complete this document accurately. This is an integral portion of the Naval Academy application process and will be reviewed carefully by the United States Naval Academy Admissions Office.

Contact [USNA Admissions](#) if you have any questions or concerns regarding this application.

Year of High School Graduation:

(YYYY)

(Required)

Cumulative Grade Point Average:

(Required)

Class Rank:

(Do Not Enter Percentages)

(Required, Unless Class Rank Percentile is Entered)

If Class Rank is not available, please indicate Class Rank by Percentile.

Class Rank Percentile:

(Required, Unless Class Rank is Entered)

Class Size:

(Required)

Please indicate if Class Rank is Approximate or Exact:

(Required)

Please indicate Ranking Period for Class Rank.

Ranking Period Start Date:

(MON-YEAR, e.g. JAN-2007)

(Required)

Ranking Period End Date:

(MON-YEAR, e.g. JAN-2007)

(Required)

Please indicate how Class Rank and Grade Point Average are determined if profile of graduating class is not available.

(Limited to 250 Characters)

Please indicate the percent of the graduating class expected to enter a 2 Year or 4 Year College.

Percent 4 Year College:

(Required)

1110/15 Candidate Academic Information/Request for Transcript

Please indicate the percent of the graduating class expected to enter a 2 Year or 4 Year College.

Percent 4 Year College:

(Required)

Percent 2 Year College:

(Required)

Please indicate if the candidate has taken any Accelerated, Advance Placement, Honor or International Baccalaureate level courses.

Accelerated Courses:

(Required)

Advanced Placement Courses:

(Required)

Honor Courses:

(Required)

International Baccalaureate Courses:

(Required)

Please indicate if Accelerated, Advance Placement, Honor or International Baccalaureate level courses are given extra credit in computing Class Rank or Grade Point Average.

Weighted Class Rank:

(Required)

Weighted Grade Point Average:

(Required)

Please indicate if the candidate is from a Minority Group or from a Disadvantaged Background.

Minority Group:

(Required)

Disadvantaged Background:

(Required)

Please indicate any additional information which may be significant in considering candidate concerning achievements or unique circumstances. Specifically note if the candidate has ever been subjected to discipline (probation, suspension, or expulsion) for any instance at your school, including sexual harassment/assault, or if the candidate required any special accommodations or has been assigned an Individual Education Plan for assistance with an Academic Skills Disorder, ADHD, or dyslexia.

Remarks:

(Limited to 2000 Characters)

City:

MOBILE

State:

AL

Evaluator Phone Number:

(Required)

Evaluator Job Title:

(Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 502, Ch 505 Sec 5031, Ch 503 Sec 695b; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information may result in incomplete processing of your application. RELEASE INFORMATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained to release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permitted by law. WAIVER. Submission of this application constitutes written authorization for the release of information to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permitted by law. WAIVER.

Select 'Submit' to submit completed application to the United States Naval Academy.

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

Select 'Exit' to exit without saving.

Agency Disclosure Notice

1110/92 Request for Information Application

UNITED STATES NAVAL ACADEMY *Admissions*



OMB Symbol

Request for Information
Privacy Act Statement

NOTE: This is a Request for Information about the United States Naval Academy. This is not a Preliminary Application.

Click [here](#) for instructions.

We appreciate your interest in the U.S. Naval Academy. Please read the Instructions thoroughly and complete each section in the space provided.

If you have already submitted your contact information via telephone, contact card, or using this web page, please do not do so again. If you need to make changes to previously submitted information, please contact [USNA Admissions](#) via email or call 1-888-249-7707.

Last Name: (Required)

Suffix:

First Name: (Required)

Middle Name:

Citizenship: (Required)

Gender: (Required)

Birth Date: (Required, Unless Social Security Number is Entered)
(DD-MON-YYYY, e.g. 02-FEB-1988)

Social Security Number: (Required, Unless Birth Date is Entered)
(No Dashes)

Race:
(Check All that Apply)

American Indian/Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Decline to Respond:

Ethnicity:

Current Mailing Address: (Required)

City: (Required, All Except APO/FPO)

1110/92 Request for Information Application

City: (Required, All Except APO/FPO)

APO/FPO: (Required, Military Post Offices Only)

State: (Required, State & U.S. Territories Only)

Country: (Required, International Only)

Zip Code: (Required, All Except International)

Zip Code Extension:

Postal Code: (International Only)

Email Address: (Required)

Area Code & Home Phone Number: (Required, Unless Area Code & Cell Phone Number is Entered)

Area Code & Cell Phone Number: (Required, Unless Area Code & Home Phone Number is Entered)

Expected Year of High School Graduation: (Required)
(YYYY)

High School Name: [Select From List](#)

Click [here](#) for instructions or if you need assistance finding your High School.

Are you interested in attending sports camp?: (Required)

If Yes, please indicate which Sport: [Select From List](#)

Click [here](#) to apply for a Sports Camp.

If you are on Active Duty in the U.S. Armed Forces, please indicate Branch of Service and Rank/Rate.

Branch of Service:

Rank/Rate:

Please indicate how you first learned about the United States Naval Academy: (Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505, Sec 5031, Ch 603, Sec 5958; Title 44 USC 3101; EO 13526. AUTHORIZED USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could result in denial of application. Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law.

Select 'Submit' to submit completed Request For Information to the United States Naval Academy.
Select 'Print' to print a copy for your records.
Select 'Exit' to exit without saving.

Agency Disclosure Notice

Summer Seminar

USNA Summer Seminar Application

NOTE: This Summer Seminar Application also functions as the Preliminary Application. Please do not submit a USNA Preliminary Application if this Summer Seminar Application is submitted.

Privacy Act Statement

Click [here](#) for Application Instructions.

Please read Application Instructions thoroughly. Failure to comply with instructions can jeopardize your chances of gaining acceptance to the United States Naval Academy Summer Seminar.

Please complete each section in the space provided.

Personal Information

Last Name: (Required)

Suffix:

First Name: (Required)

Middle Name:

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

Citizenship: (Required)

If you are not a U.S. Citizen, please describe your current status in the naturalization process (years with green card, etc.):
(Limited to 500 Characters)

Gender: (Required)

Height: (Required)
(Inches, e.g. 5 feet 6 inches would be entered as 66)

Weight: (Required)
(Pounds)

Social Security Number: (Required)
(No Dashes)

Race: (Required)

(Check All that Apply)

American Indian/Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Declined to Respond:

Summer Seminar

White:

Declined to Respond:

Ethnicity: (Required)

Current Mailing Address: (Required)

City: (Required, All Except APO/FPO)

APO/FPO: (Required, Military Post Offices Only)

State: (Required, State & U.S. Territories Only)

Country: (Required, International Only)

Zip Code: (Required, All Except International)

Zip Code Extension:

Postal Code: (International Only)

Email Address: (Required)

Area Code & Home Phone Number: (Required, Unless Area Code & Cell Phone Number is Entered)

Area Code & Cell Phone Number: (Required, Unless Area Code & Home Phone Number is Entered)

Congressional State: [Select From List](#) (Required)

Congressional District: (Required)

Click [here](#) for instructions or if you need assistance finding your Congressional District.

Please select your top two areas of Academic Interest out of the following areas: Bachelor of Science Degrees in the Engineering Curriculum, Bachelor of Science Degrees in the Math and Sciences Curriculum, or Bachelor of Science Degrees in the Humanities/Social Sciences Curriculum. This is not binding in any way should you receive an appointment and attend the Naval Academy.

Primary Academic Interest: (Required)

Secondary Academic Interest: (Required)

Please indicate how you first learned about the Naval Academy Summer Seminar: (Required)

First Name of Parent or Guardian: (Required)

Last Name of Parent or Guardian: (Required)

Relationship Type: (Required)

Summer Seminar

Relationship Type: (Required)
Area Code & Cell Phone Number: (Required)
Email Address: (Required)

Education

Education Level: (Required)
Expected Year of High School Graduation: (Required)
(YYYY)
High School Name: [Select From List](#) (Required)

Click [here](#) for instructions or if you need assistance finding your High School.

Enter the highest scores you have received on the following College Entrance tests.
(Leave blank if you did not take one of the tests.)

SAT Math: SAT Critical Reading: SAT Writing:
PSAT Math: PSAT Critical Reading: PSAT Writing:
ACT Math: ACT English:

Does your high school rank students? (Required)

Enter your class standing. Please provide your best estimate if your school does not rank students.
(Do Not Enter Percentages.)

Class Rank: (Required)
Class Size: (Required)

Remarks or Additional Comments:
(Limited to 2000 Characters)

Grade Summary: (Required for All)

(IB/AP/H indicates International Baccalaureate, Advanced Placement or Honors course.)

Summer Seminar

Grade Summary: (Required for All)

(IB/AP/H indicates International Baccalaureate, Advanced Placement or Honors course.)

Courses IB/AP/H Grade (90-100=A 80-89=B 70-79=C Not Taken=N)

English 9:

English 10:

English 11:

Algebra I:

Algebra II:

Geometry:

Pre-Calculus:

Calculus 1:

Calculus 2:

Trigonometry:

Physics:

Chemistry:

Activities

Athletic Participation: (Required for All)

Number of Sports

How many varsity sports have you participated in?:

How many sports have you earned a varsity letter in?:

How many sports teams were you designated as a captain?:

How many special awards for sports such as All-Star/All-State/District/City or County have you received?:

How many club, intramural or junior varsity sports have you participated in?:

Non-Athletic Participation: (Required for All)

Have you ever participated in any of the following activities during the 9th, 10th, or 11th grade?

Boy/Girl Scouts:

Community Service:

Student Government:

Other Clubs:

Summer Seminar

- Student Government:
- School Club:
- Science/Robotics Club:
- School Newspaper:
- Civil Air Patrol:
- Band/Orchestra:
- National Honor Society:
- Drama Club:
- JROTC Program:
- Sea Cadets:
- Church Group:
- Part-Time Job:
- Drill Team:
- Debate Team:
- Cheerleader:
- Pilot's License:
- Other (Explain in Remarks):

Did you ever hold a leadership role (officer, club president, drum major, etc.) in a non-athletic extra-curricular activity?: (Required)

Remarks or Additional Comments:
(Limited to 1000 Characters)

Personal Statement

Please answer the following questions briefly: Why are you interested in attending Naval Academy Summer Seminar?
Have you received any awards (STEM-related, leadership etc) or been involved with any activities, groups, conferences in these mentioned areas?
(Limited to 1000 Characters)

(Required)

Navy Sports

Have you been contacted by and spoken with a Naval Academy Athletic Association Coach about being recruited for a USNA Sport?:

 (Required)

If Yes, please indicate the name of USNA Coach:

 [Select From List](#)

If you have not already been contacted by a Naval Academy Athletic Association Coach, would you like to be considered for USNA Sport Recruitment?:

 (Required)

Summer Seminar

If you have not already been contacted by a Naval Academy Athletic Association Coach, would you like to be considered for USNA Sport Recruitment?: (Required)

If Yes, please indicate which Sport:

Select From List Only

[Select From List](#)

If you are being recruited for a USNA Sport or would like to be considered for USNA Sport Recruitment, please be sure to fill out the Sport Questionnaire that will be displayed when this Summer Seminar Application is submitted.

Medical Conditions

Due to the nature of the activities that take place during Naval Academy Summer Seminar, the following questions should be answered in their entirety.

Do you currently have any educational accommodation (i.e. IEP, 504 plan, or special classes, etc)?:

(Required)

If you selected Yes, please explain:
(Limited to 1000 Characters)

Do you have any medical conditions (any history of asthma, heart conditions, color deficient vision, hearing impairments, etc.)?:

(Required)

If you selected Yes, please explain:
(Limited to 1000 Characters)

Do you require the use of an inhaler during physical fitness?:

(Required)

Do you require the use of any daily medications?:

(Required)

If you selected Yes, please explain:
(Limited to 1000 Characters)

Do you have any allergies (i.e. food, nuts, medication, latex, etc.)?:

(Required)

If you selected Yes, please explain:
(Limited to 1000 Characters)

Session Selections

Please indicate which sessions you can definitely attend.

Note: Keep in mind that if you are selected for a session you state you can attend and, subsequently, inform USNA that you cannot attend that session, there is no guarantee that you will be placed in another session. Due to capacity levels, you may need to be put on a waiting list for that session.

Session 1 (31 - 05 June 2014):

(Required)

Session 2 (07 - 12 June 2014):

(Required)

Summer Seminar

Session 1 (31 - 05 June 2014): (Required)

Session 2 (07 - 12 June 2014): (Required)

Session 3 (14 - 19 June 2014): (Required)

Please indicate which workshops you would like to attend in order of preference. (Required for All)

Preference Order	Workshop
1st:	<input type="text"/>
2nd:	<input type="text"/>
3rd:	<input type="text"/>
4th:	<input type="text"/>
5th:	<input type="text"/>
6th:	<input type="text"/>
7th:	<input type="text"/>
8th:	<input type="text"/>
9th:	<input type="text"/>
10th:	<input type="text"/>

Please indicate desired T-Shirt Size: (Required)

By SUBMITTING this electronic application, I am accepting the following:

1. I certify that the information submitted on this application is complete and correct to the best of my knowledge. Failure to completely and honestly provide any information requested by the USNA may be grounds for withdrawal of any offer of appointment or may subsequently result in dismissal from the USNA and its summer programs.
2. If there is a change in information I have provided or has been submitted on my behalf to the USNA, I will immediately inform the Admissions Office.
3. I have NO convictions or beliefs which would prohibit my serving in an unrestricted military status.
4. I am not married, and have never been married.
5. For female applicants: I am not pregnant and have not given birth to any children. If I should become pregnant, I will notify the Dean of Admissions, USNA, in writing, as to my medical status.
6. For male applicants: I have never fathered any children. If I should father a child, I will notify the Dean of Admissions, USNA, in writing.
7. I have no legal obligation to provide financial support for any person. If I should incur this obligation, I will notify the Dean of Admissions, USNA, in writing.

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec. 3346, Ch 503, Ch 505 Sec. 531, Ch. 103 Sec. 6958; Title 44 USC 3101, EO 9397. AUTHORIZATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law.

Select 'Submit' to submit completed application to the United States Naval Academy.
Select 'Print' to print a copy for your records.
Select 'Exit' to exit without saving.