UNITED STATES NAVAL ACADEMY



USNA Sponsor Application OMB 0703-0054 EXP: XX XXXX

New Sponsors: Click [Submit a New Application].

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

Sponsor Number:		
First Name:		
Last Name:		
Birth Date (DD-MON-YYY	Y, e.g. 02-FEB-1988):	
Log In C	lea <u>r</u> <u>S</u> ubmit New Applicat	ion 0
Cancel		

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. 6956, Midshipmen: Nomination and Selection to fill Vacancies; 10 U.S.C. 6957, Selection of Persons from Foreign Countries; 10 U.S.C. 6958, Midshipmen: Qualifications for Admission; 10 U.S.C. 6962, Midshipmen: Discharge for Unsatisfactory Conduct or Inaptitude; 10 U.S.C. 6963, Midshipmen: Discharge for Deficiency; and E.O. 9397 (SSN), as amended, and N01531-1

Purpose: Applicant files contain information used for personal information verification and to evaluate/determine competitive standing and eligibility for appointments 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 Uses: Information will only be collected and accessed by the United States Naval Academy for the purposes of admissions and enrollment. Additionally, records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (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; 7.) to the United States Naval Academy Alumni Association for the purpose of supporting the Naval Academy mission; and, 8.) per the DoD Blanket Routine Uses set forth at the beginning of the Department of Navy's compilation of system of records notices.

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.

LINK to SYSTEM OF RECORDS NOTICE: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwide SORNArticleView/tabid/6797/Article/570324/n01531-1.aspx

AGENCY DISCLOSURE NOTICE: The public reporting burden for this collection of information is estimated to average 1 hour, 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 0703-0054). 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 currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

UNITED STATES NAVAL ACADEMY



USNA Sponsor Application

Collection of this information comes under the **Privacy Act Statement**.

Click **here** for Application Instructions.

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

If you have questions, please contact the **Sponsor Program Office** via email or call 410-293-7031.

Personal Information		
2018 Title:	•	
First Name:		(Required)
Preferred Name:		
Last Name:		(Required)
Name Suffix:	•	
Gender:	(Required)	
Birth Date: (DD-MON-YYYY, e.g. 02-FEB-1988)	(Required)	
Marital Status:	(Required)	
Home Address:		(Required)
City:		(Required)

State:	(Required)
Zip Code:	(Required)
Email Address:	(Required)
Home Phone Number:	(Required)
Work Phone Number:	
Cell Phone Number:	
If you are on Active Duty, in the Reser Military Branch, Rank/Rate, and curre	ves, or Retired from the U.S. Armed Forces, please indicate the nt Military Status.
Military Branch:	Select Branch and Rank/Rate from List
Rank/Rate:	
Military Status:	▼
Current Employer:	
Employer Address: (Limited to 255 Characters)	
Employer Phone Number:	
Occupation:	
Sponsor Status:	uired) (Req
Can you speak a language besides Eng	
If Yes, please indicate the language. If more than one or if you speak a langu not listed, select "Multiple" or "Other the name of the language in Additional	age that is " and specify

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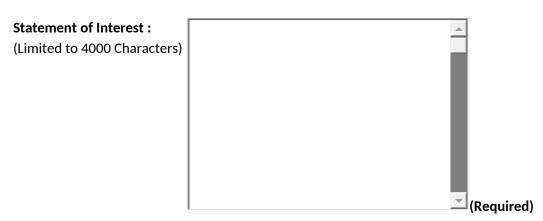
Have you ever been convicted of a felony, domestic violence, drug-related offense,		(Regu
sex offense, DWI/DUI, or had your driver's license revoked?	ired)	(кечи

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

(Limited to 255 Characters)



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



Spouse Information

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

Spouse First Name:	
Spouse Preferred Name:	
Spouse Last Name:	
Birth Date: (DD-MON-YYYY, e.g. 02-FEB-1988)	
Spouse Employer:	

Spouse Employer Address : (Limited to 255 Characters)	
Spouse Employer Phone Number:	
Spouse Occupation:	
Has your spouse ever been convicted of a felony, do sex offense, DWI/DUI, or had their driver's license re	
If yes, give a complete description of the incident(s). the nature of the offense(s) and the date and disposition (Limited to 255 Characters.)	
Household and General Midshipman Preferences	
To assist the Sponsor Program Office in matching you general household information and midshipman prefer	
Children:	(Required)
Pets:	(Required)
Allow Smoking:	(Required)
Number of Midshipmen You Wish to Sponsor: (Limited to 4 per class year):	(Required)
Midshipman Gender:	(Required)
Midshipman Home State:	(Required)

(Required

Midshipman Military Background:

)
Do you p	refer non smoker?: (Required)
Midshipn	nan Varsity Sport Affiliation: (Required)
Indicate y categorie (Select up	
Sports	
	Baseball Football Ice Skating Skiing Volleyball Basketball Golf Lacrosse Soccer Water Polo Bowling Gymnastics Martial Arts Swimming Weightlifting Boxing Hockey Running Tennis Wrestling Cycling
Outdo	or Activities
Rac g m	Auto Flying/ Horses Roller Blading Sky Diving ing/Cars Aeronautics Hunting/Shoo Scuba/Skin Water Boating/Sailin Gardening ting Diving Sports Hiking/Camping Crabbing/Fishi
Crafts/	/Hobbies
	Antiques Collecting Cooking Photography Woodworking Art/Drawing Computers
Music	
_	All Music Classical Country Rhythm And Blues Rock Alternative
Other	
	Board Games Languages Philosophy Scouting Theater

☐ Card P	laying Movies Poli	•	Travel
☐ Dancir	ng Museums Rea	ding Television	Writing
Histor	y		
	from the pull-down list, your pr Ild be ranked from highest, Prio	=	shipman below.
Priority 1:	(Required)		
Priority 2:	(Required)		
Priority 3:	(Required)		
Priority 4:	(Required)		
Priority 5:	(Required)		
Specific Midshipr	man Request		
If unavailable, ass	onsor particular midshipman, ple signment will be addressed by ge nformation is Required.		
			Is
Last Name	First Name	Home State	Midshipman Aware of Your Request?
			¥ ¥
			v
			•
			T

Gate and Vehicle Pass Information

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

Year	Make	Model	Color	State Registered	License Plate Number
					₹
					▼
Trainir	ng Informa	ntion			
	ors are rec attending		training every th	ree years. Please indicate w	hich training session you
Sessio	n One:	→ (Req	uired) <u>Click Her</u>	e for Session Dates	
Sessio	n Two:	→ (Req	uired)		
Sessio	n Three:	▼ (Req	uired)		
Additi	onal Comr	nents and Speci	al Consideration	s	
consid provid (If you	lerations of le: answered	v additional com or other informa I "OTHER" in any mited to 2000 C	tion you desire		<u>▲</u>
NEW		Υ	dummy_row		
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Select 'Submit' to submit completed application to the Sponsor Program office.

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

Select 'Exit' to exit without saving.

