



USNA Sponsor Application

Click [here](#) for Application Instructions.

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

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

Personal Information

Title:

First Name: (Required)

Preferred Name:

Last Name: (Required)

Name Suffix:

Gender: (Required)

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

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 Reserves, or Retired from the U.S. Armed Forces, please indicate the Military Branch, Rank/Rate, and current 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: (Required)

Can you speak a language besides English?: (Required)

If Yes, please indicate the language. If you speak more than one or if you speak a language that is not listed, select "Multiple" or "Other" and specify the name of the language in Additional Comments.:

Have you ever been convicted of a felony, domestic violence, drug-related offense, sex offense, DWI/DUI, or had your

driver's license revoked?

(Required)

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

(Limited to 255 Characters)

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

Statement of Interest :

(Limited to 4000 Characters)

(Required)

Spouse Information

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

Spouse First Name:

Spouse Preferred Name:

Spouse Last Name:

Birth Date:

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



Spouse Employer:

Spouse Employer Address :

(Limited to 255 Characters)

Spouse Employer Phone Number:

Spouse Occupation:

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

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

(Limited to 255 Characters.)

Household and General Midshipman Preferences

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

Children:

(Required)

Pets:

(Required)

Allow Smoking:

(Required)

					▼	
					▼	

Training Information

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

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

Session Two: (Required)

Session Three: (Required)

Additional Comments and Special Considerations

Please enter any additional comments, special considerations or other information you desire to provide:

(If you answered "OTHER" in any section, please explain in this section. Limited to 255 Characters.)

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.