



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

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

Military Branch:	<input type="text"/> Select Branch and Rank/Rate from List
Rank/Rate:	<input type="text"/>
Military Status:	<input type="text"/>
Current Employer:	<input type="text"/>
Employer Address : (Limited to 255 Characters)	<input type="text"/>
Employer Phone Number:	<input type="text"/>
Occupation:	<input type="text"/>
Sponsor Status:	<input type="text"/> (Required)
Can you speak a language besides English?:	<input type="text"/> (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.:	<input type="text"/>

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)

Number of Midshipmen You Wish to Sponsor: (Required)
 (Limited to 4 per class year):

Midshipman Gender: (Required)

Midshipman Home State: (Required)

Midshipman Military Background: (Required)

Do you prefer non smoker?: (Required)

Midshipman Varsity Sport Affiliation: (Required)

Indicate your top interests from the following categories:
 (Select up to five.)

Sports

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

Outdoor Activities

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

Crafts/Hobbies

- Antiques
- Art/Drawing
- Collecting
- Computers
- Cooking
- Photography
- Woodworking

Music

- All Music
- Alternative
- Classical
- Country
- Rhythm And Blues
- Rock

Other

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

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

Priority 1: (Required)

Priority 2: (Required)

Priority 3: (Required)

Priority 4: (Required)

Priority 5: (Required)

Specific Midshipman Request

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

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

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
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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.