



## *United States Naval Academy*

### **Plebe Sponsor Questionnaire**

**Name** \_\_\_\_\_ **Alpha #** \_\_\_\_\_

**Home State** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Musical – Vocal or Instrument** \_\_\_\_\_

**Were you recruited for sport** \_\_\_\_\_ **Sport** \_\_\_\_\_

**NAPS** \_\_\_\_\_ **Prior Enlisted** \_\_\_\_\_ **Branch** \_\_\_\_\_

As a Midshipman you are provided the unique opportunity to be paired with a Sponsor Family. Sponsor families are local families who voluntarily open their homes to provide a 'home away from home' for midshipmen during their first year at the Academy. Sponsor families have a history of providing the necessary understanding and encouragement to first-year midshipmen and are also given the opportunity to learn more about midshipmen's lives at the U.S. Naval Academy.

Although participation is optional, you must submit a Plebe Sponsor Questionnaire to let us know whether you want to participate in this program. Please read the Application Instructions thoroughly and complete each section in the space provided.

If you have questions concerning your Plebe Sponsor Questionnaire, please contact the Sponsor Program Office via email [sponsor@usna.edu](mailto:sponsor@usna.edu) or call 410-293-7031.

Please indicate your desire to participate in the Sponsor Program. If you wish to participate, please indicate 'Yes' and complete the entire application. If you do not wish to participate, indicate 'No'.

**Would you like to participate in the Plebe Sponsor Program? (Required)** Yes or No \_\_\_\_\_

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.

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 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.

## Personal Information

Your answers to the following questions about yourself will assist the Sponsor Program Office in providing a suitable match between you and your Sponsor.

Pet Allergies: (Required) \_\_\_\_\_

Religious Background: \_\_\_\_\_

Do you smoke? (Required)     Yes or     No

Indicate your top interests from the following categories:

### Sports

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Baseball              | <input type="checkbox"/> Basketball    | <input type="checkbox"/> Boxing        | <input type="checkbox"/> Cycling      |
| <input type="checkbox"/> Football              | <input type="checkbox"/> Golf          | <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Hockey       |
| <input type="checkbox"/> Lacrosse              | <input type="checkbox"/> Martial Arts  | <input type="checkbox"/> Running       | <input type="checkbox"/> Rugby        |
| <input type="checkbox"/> Soccer                | <input type="checkbox"/> Squash        | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Tennis       |
| <input type="checkbox"/> --Track/Cross Country | <input type="checkbox"/> -- Volleyball | <input type="checkbox"/> -- Water Polo | <input type="checkbox"/> -- Wrestling |

### Outdoor Activities

- |  |                                     |  |                                    |
|--|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> --Auto Racing     | <input type="checkbox"/> -- Fishing | <input type="checkbox"/> -- Flying             | <input type="checkbox"/> -- Hiking |
| <input type="checkbox"/> _ Boating/Sailing | <input type="checkbox"/> _ Horses   | <input type="checkbox"/> _ Hunting/Shooting    | <input type="checkbox"/> _ Camping |
| <input type="checkbox"/> _ Water Sports    | <input type="checkbox"/> _ Cars     | <input type="checkbox"/> _ Skiing/Snowboarding | <input type="checkbox"/> _ Biking  |

### Hobbies

- |  |   |                                      |  |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> _ Art/Drawing | <input type="checkbox"/> _ Collecting   | <input type="checkbox"/> _ Computers | <input type="checkbox"/> _ Cooking     |
| <input type="checkbox"/> _ Photography | <input type="checkbox"/> _ DIY Projects | <input type="checkbox"/> _ Yoga      | <input type="checkbox"/> _ Video Games |
| <input type="checkbox"/> --Board Games | <input type="checkbox"/> -- History     | <input type="checkbox"/> -- Movies   | <input type="checkbox"/> -- Reading    |
| <input type="checkbox"/> --Scouting    | <input type="checkbox"/> -- Theater     | <input type="checkbox"/> -- Travel   | <input type="checkbox"/> -- Writing    |

### Any Other Activities You Are Interested In State in This Section

## Sponsor Preferences

To assist the Sponsor Program Office in matching you with a suitable Sponsor, please indicate your sponsor preferences.

Family with Children: (Required)     No Preference     -     Under 12     -     Over 12     -     No children    

Marital Status: (Required)     No Preference     -     Married     -     Single    

Family with Pets: (Required)     No Preference     -     Dogs     -     Cats     -     Both    

Religious Preference: -----

Restrict sponsor selection based on Religious Preference?     Yes     or     No     \_\_\_\_\_

Smoking Preference: (Required)     No Preference     -     Not allowed     -     In home     -     outside    

Restrict sponsor selection based on Smoking Preference? (Required)     Yes     -     No     \_\_\_\_\_

## Requested Sponsor Information

If you know someone, who is at least 28 years old and lives within 45 miles of the USNA, and you would like to have them as your Sponsor, please complete the following section. When indicating a Requested Sponsor, all fields are required. Put as much information in as possible. If a family member has the contact information write down the family member's contact information so sponsor office can contact them.

Name: -----

Home Address:-----

City:-----

State:-----

Zip Code:-----

Email Address:-----

Cell Phone Number:-----

Is your Requested Sponsor aware of your request?     Yes     or     No     \_\_\_\_\_

Do you want your Sponsor assignment limited to this Sponsor only?     Yes     or     No     \_\_\_\_\_  
(If you chose 'Yes' and this Sponsor is not available, you will not be assigned another available Sponsor.)

## Additional Comments or Remarks

Please enter any Additional Comments or Remarks:

(If you answered 'Other' in any section, please explain in this section.)