



United States Naval Academy

Entrance Fee Questionnaire

Candidate First Name

Candidate M.I.

Candidate Last Name

Candidate Number

Candidate Social Security Number

[\(Why Do We Need This?\)](#)

Mailing Address

Mailing City

Mailing State

Mailing Zip Code

Phone Number

Payment Amount

Payment Type

ACH Credit Card

Class of

****No refunds will be issued once the Plebe candidate takes the Oath of Office on Induction Day.**

Submit Data