SOUTH TEXAS COLLEGE OF LAW

1303 SAN JACINTO ST., HOUSTON, TEXAS 77002

Veteran Benefit Yellow Ribbon Request

Submit this form by July prior to the academic year for which you are requesting the Yellow Ribbon Program. Applications are subject to availability of the funding for this program.

NAME AND ADDRESS															
Student's Last Name	**First**	**MI**	**Student ID Number**												
			G												
Home Phone (area code + number)	**Cell Phone** (area code + number)	**Social Security Number**													
						-			-						
Street Address													**Apt/Suite No.**		
City		**State**											**Zip Code**		

Term of Enrollment: ☐ **Full-Time** ☐ **3/4 Time** ☐ **1/2 Time** **Academic Year: _____**

Note: This is an annual benefit. Please check all that apply and note your intended semester hours.

☐ **Fall Semester Hours: _____** ☐ **Spring Semester Hours: _____** ☐ **Summer Semester Hours: _____**

☐ **Winter Intersession Semester Hours: _____** ☐ **Summer Intersession Semester Hours: _____**

Individuals awarded Yellow Ribbon benefits will remain Yellow Ribbon recipients as long as the Law School remains a Yellow Ribbon school. The benefit may vary from year to year as the Law School may change its level of participation in future years.

Initials	***I understand that…***
_____	I have applied for the Post 9/11 GI Bill and will submit the Certificate of Eligibility to the Office of the Registrar/VA Representative by the start of my academic term. Failure to submit this certificate will result in my removal from the Yellow Ribbon Program participation list.
_____	I understand that the Department of Veterans Affairs formally establishes eligibility for the Post 9/11 GI Bill Yellow Ribbon Program and that this Request for Participation is contingent on Department of Veteran Affairs' approval for such benefits.
_____	I believe I am eligible for the Post 9/11 GI Bill at the 100% level, one condition for participation in the Yellow Ribbon Program.
_____	I am currently or will be enrolled and a degree seeking South Texas College of Law (STCL) student during the year.
_____	I acknowledge that Yellow Ribbon Program funds are distributed on a first-come, first-served basis, measured from the date this Request for Participation is received by STCL.
_____	I understand that submission of this form does not guarantee my admittance to the Yellow Ribbon Program.
_____	I understand that STCL will not continue to hold my spot in the Yellow Ribbon Program if I am required to reapply for admission.
_____	I understand that STCL is not required to continue making Yellow Ribbon Program contributions if I am not in good academic standing.
_____	I understand that I must reapply for this program each year, and that the terms of STCL's Yellow Ribbon Program participation may change each year (including non-participation).
_____	The information I submit on this form is true and correct to the best of my knowledge.

SIGNATURE_____ **DATE_____**

(Required)

For Office Use Only

VAONCE:____/____/____ **SGASTDN:____/____/____** **Entered By: _____**

CC: Financial Aid