

PRIVATE AND INDEPENDENT SINCE 1923.

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/Suit	o No		
Street Address	1. product 1. of												
City	State Zip Code												
Term of Enrollment:													
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:													
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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.													
Ribbon school. The benefit may	ary from year to year as the Law	School	may	y Chai	ige its	sievei	or par	гистра	HOH I	n rutu	re yea	ırs.	
Initials I understand that	<i>t</i>												
I have applied f	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	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 Houston (STCLH) 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 STCLH. I understand that submission of this form does not guarantee my admittance to the Yellow Ribbon Program.												
	I understand that STCLH will not continue to hold my spot in the Yellow Ribbon Program if I am required to reapply for admission.												
	I understand that STCLH 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 STCLH'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.												
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SIGNATURE					DAT	ГЕ							
(Required)													
For Office Use Only													
VAONCE:// SGASTDN://_ Entered By:													
CC: Financial Aid						-							