



South Texas
COLLEGE OF LAW
— HOUSTON —

PRIVATE AND INDEPENDENT SINCE 1923.

Veteran Benefit Yellow Ribbon Request

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			

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 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.
- _____ The information I submit on this form is true and correct to the best of my knowledge.

SIGNATURE _____
(Required)

DATE _____

For Office Use Only

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

CC: Financial Aid