



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

Form with fields for Student's Last Name, First, MI, Student ID Number, Home Phone, Cell Phone, Social Security Number, Street Address, City, State, Zip Code, and Apt/Suite No.

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...

- List of 10 statements for the student to check their understanding of regarding the Yellow Ribbon program, such as 'I have applied for the Post 9/11 GI Bill...' and 'I understand that STCLH will not continue to hold my spot...'.

SIGNATURE _____

DATE _____

(Required)

For Office Use Only

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

CC: Financial Aid