



**Request for Participation in the Yellow Ribbon Program
20__-20__ Aid Year**

Please complete all sections of this form, including signing this document, and attach/submit a copy of your Certificate of Eligibility. Students should submit this form to the Office of Financial Aid by hand delivery to Griffith Hall, room 112, scanning and e-mailing to finaid@stetson.edu, or faxing to (386) 822-7126. This form is for internal purposes only.

Printed Name: _____	Student ID#: _____
Phone: _____	Email: _____

STATEMENT OF UNDERSTANDING

- I have applied for the Post 9/11 GI Bill.
- I understand that the Department of Veteran Affairs formally establishes eligibility for the Post-9/11 GI Bill's Yellow Ribbon Program and that this Request for Participation is contingent on Department of Veteran Affairs' approval for such benefits.
- I believe I am 100% eligible for the Post 9/11 GI Bill based on one the following qualifications set and determined by the Department of Veterans Affairs:
 - I served an aggregate period of active duty after September 10, 2001, of at least 36 months.
 - I was honorably discharged from active duty for a service-related disability, and I served 30 continuous days after September 10, 2001.
 - I am a dependent eligible for Transfer of Entitlement under the Post-9/11 GI Bill based on a veteran's service under the eligibility criteria listed above.
- I have applied to and been admitted to Stetson University and have read the College's Yellow Ribbon Program Participation policy.
- I certify that I have received my Department of Veterans Affairs for my Certificate of Eligibility and it is attached. **OR** I certify that I have applied for my Certificate of Eligibility from the Department of Veterans Affairs and understand I have eight weeks from submission of this Request for Participation to submit it to the Office of Financial Aid or I will be removed from the Yellow Ribbon Program participation list.
- I acknowledge that Yellow Ribbon Program funds are distributed on a first-come, first-served basis measured from the date this Request for Participation form is received by the Office of Financial Aid.
- I understand that submitting this form does not guarantee my admittance to the Yellow Ribbon Program.
- I understand that if I am required to withdraw and then reapply, for admission to Stetson University for any reason, Stetson University will not continue to hold my spot in the Yellow Ribbon Program.
- I understand that Stetson University is not required to continue making Yellow Ribbon Program contributions if I am not in good academic standing or if the College's participation ends.

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

Signature: _____ **Date:** _____

Internal Use Only Date and time received _____ Method of Receipt: <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other (specify) _____
