

Office of Student Accounts

Yellow Ribbon Program Student Application

Please complete this application and submit with a copy of your Certificate of Eligibility from the U.S. Department of Veterans Affairs to the Office of Student Accounts. **Applications are not considered complete until all materials are received by the institution.**

Office of Student Accounts Phone: 800.645.8603 Option 2;3

Fax: 626.898.4750

Email: pocva@pacificoaks.edu Website: www.pacificoaks.edu

By submitting this application, you are requesting participation in the Yellow Ribbon Program at Pacific Oaks College. You must be eligible at the 100% benefit level to qualify for the Yellow Ribbon Program. Dependents under the Transfer of Entitlement provision could be eligible only if they are at the 100% benefit level. (Active duty personnel are not eligible for the Yellow Ribbon Program.) More information is available from the U.S. Department of Veterans Affairs: https://www.benefits.va.gov/GIBILL/yellow_ribbon.asp

Last Name:	First Name:	Middle Initial:
Address:		
Email:	Phone:	
Program type: Certificate B.A. or B.S.	.A. Post-B.A. Teaching Crede	ntial
Program Name:		
Please initial your agreement with each of the following I meet full eligibility requirements of the Ye Veterans Affairs: https://www.benefits.va.g	llow Ribbon Program as established	d by the U.S. Department of
With this application, I am submitting a c Veterans Affairs. I have previously submitted or am simultain the Office of Student Accounts.	opy of my Certificate of Eligibility f	·
I understand that the Yellow Ribbon Progregular military education benefits and that Certification Request Form. If I lose eligibility for the Yellow Ribbon Program	t I am under the same responsibili	ties listed on the Enrollment
☐ By checking this box, I acknowledge that ty	ping my name below will serve as r	ny electronic signature.
Signature	Date	