

Name

## Office of Financial Aid

Sumner Hall | 333 N College Way, Claremont CA 91711 Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

Student ID

## Request for Participation in the Yellow Ribbon Program 2025/26 Academic Year

Please complete all sections of this form, including signing this document, and attach/submit a copy of your Certificate of Eligibility, if available. Scan and e-mail or fax this form to the Financial Aid Office. This form is for internal purposes only.

Preferre	ed Email Contact Phone		
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 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 Pomona College.			
• I certify that I have applied to the Department of Veterans Affairs for my Certificate of Eligibility and will submit this Certificate to the Financial Aid Office. Failure to submit this confirmation will result in my removal 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 Pomona's Financial Aid Office. I further understand that the financial aid offered by Pomona is need based and the institutional portion will be determined by my determined need.			
• 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 then reapply for admission to Pomona for any reason, Pomona will not continue to hold my spot in the Yellow Ribbon Program.			
• I understand that Pomona 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.			
Signatu	re: Date:		
Internal Use Only			
Date and time receivedNumber/of			