

Elmhurst University Request for Participation in the Yellow Ribbon Program

Please complete all sections of this form, including your signature, and submit a copy of your Certificate of Eligibility, if available. Scan and email, fax or drop off this form at the Office of Student Financial Services. This form is for internal Elmhurst University purposes only.

Name _____ ID # _____

Email address _____

Phone _____

☐ Undergraduate

☐ Graduate

of estimated credits:

Fall _____

Spring _____

Statement of Understanding

- I have applied for Chapter 33 (Post 9/11 GI Bill).
- I understand that the Department of Veterans 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 Veterans 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.
 - Or if these do not apply, that I am either:
 - A Purple Heart recipient with an honorable discharge or a recipient of the Marine Gunnery Sergeant John David Fry Scholarship. (Effective August 1, 2018)
 - An eligible active duty service member or their spouse.(Effective August 1, 2022)
- I have applied to and been admitted to an academic program at Elmhurst University.
- I certify that I have applied to the Department of Veterans Affairs for my Certificate of Eligibility and will submit this Certificate to the Elmhurst University Office of Student Financial Services as soon as possible
- I understand that submitting this form does not guarantee me admittance to the Yellow Ribbon Program.
- I understand that Elmhurst University 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 _____ Date _____