

OAKLAND CITY UNIVERSITY
OFFICE OF THE VETERAN AFFAIRS CERTIFYING OFFICIAL

Request for Participation in the Yellow Ribbon Program 2009/2010

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 to bburns@oak.edu, fax it to 812-749-1511 or mail to the Registrar's Office, Oakland City University, 138 N. Lucretia St., Oakland City, IN 47660

Name _____ Phone _____

E-mail address _____ Cell Phone _____

OCU Student ID # _____

Academic Program Location _____ (circle one) Undergraduate Graduate

Statement of Understanding

1. I have applied for the Post 9/11 GI Bill.
2. 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 of Participation is contingent on Department of Veteran Affairs' approval for such benefits.
3. 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 Veteran Affairs:
 - o I served an aggregate period of active duty after September 10, 2001, of at least 36 months.
 - o I was honorably discharged from active duty for a service-related disability, and I served 30 continuous days after September 10, 2001.
 - o 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
4. I am currently an enrolled and degree seeking OCU student.
5. I certify that I have applied to the Department of Veteran Affairs for my Certificate of Eligibility and will submit this Certificate to the OCU VA Certifying Official by the start of my academic coursework. Failure to submit this confirmation will result in my removal from the Yellow Ribbon Program participation list.
6. I acknowledge that Yellow Ribbon Program funds are distributed on a first-come, first served basis, measured from the date this Request of Participation form is received by the OCU VA Certifying Official.
7. I understand that submitting this form does not guarantee any admittance to the Yellow Ribbon Program.
8. I understand that if I am required to reapply for admission to OCU for any reason, OCU will not continue to hold my spot in the Yellow Ribbon Program.
9. I understand that OCU is not required to continue making Yellow Ribbon Program contributions if I am not in good academic standing.
10. After, submitting this form, I will receive a return receipt e-mail from OCU, normally within two business days of submission.
11. The information I submit on this form is true and correct to the best of my knowledge.
12. I understand that it is my responsibility to notify OCU VA certifying Official of any changes in my name, address, phone numbers, e-mail address.

Signature _____ Date _____

Internal Use Only

Date & time Received _____ Number _____/of _____ Staff initials _____