

# Yellow Ribbon Program Application

To apply for Yellow Ribbon funds, please complete and return this application and any requested documentation to the Office of Financial Aid. As a reminder, the Yellow Ribbon Program is only applicable to those students currently being charged out of state tuition.

Documents may be faxed to 410.837.5493 or scanned and emailed to [veterans@ubalt.edu](mailto:veterans@ubalt.edu).

## A. STUDENT INFORMATION

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|--|-------------------|-------------|----------------------|-------------------------|
| <i>Last Name</i>                             | <i>First Name</i> | <i>M.I.</i> | <i>Date of Birth</i> |                         |
| <i>Student ID Number (begins with 1 o 3)</i> |                   |             | <i>Email Address</i> | <i>Telephone Number</i> |

## B. APPLICATION INFORMATION

Major/Program of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

I am currently a(n):      Undergraduate      Graduate      Law

I am a:      Dependent      Veteran

### Please read:

- I have applied to and been accepted to my chosen program.
- I have applied for the Post 9/11 GI Bill.
- I am 100% eligible for the Post 9/11 GI Bill based on the following qualifications:
  1. I served an aggregate period of active duty after September 10, 2001, of at least 36 months.
  2. I was honorably discharged from active duty for a service-related disability, and I served 30 continuous days after September 10, 2001.
  3. 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 am not on active duty.
- I understand that submitting this form does not guarantee my acceptance to the Yellow Ribbon Program.
- I understand that my acceptance to the Yellow Ribbon Program is conditional pending approval from the VA.

## C. SIGN THIS APPLICATION

By signing this worksheet, I certify that I understand and have read the information above. Additionally, I certify that all the information reported on this application is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_