Yellow Ribbon Program Application (Chapter 33 Only)

Southeast HEALTH
ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE

This Application should be completed and submitted only if you are eligible for the Chapter 33 Post-9/11 GI Bill® at the 100% level and would like to apply for the Yellow Ribbon Program.

Last Name:_____ First Name:_____ Student ID: _____

Email:_____ Phone: (_____)_____Year/Term: _____

Statement of Acknowledgement

- I understand that the Department of Veterans Affairs (VA) formally establishes eligibility for the Post-9/11 GI Bill®. based on the qualifications the VA has set and determined.
- I understand that the VA must determine that I am eligible for the Post-9/11 GI Bill® at the 100% benefit level for my application to be considered for the Yellow Ribbon Program.
- I understand that if I do not provide the Alabama College of Osteopathic Medicine (ACOM) Financial Aid Office with a current copy of my Certificate of Eligibility, a completed VA Certification Request Form, and a completed Yellow Ribbon Program Application by the established deadline, I will not be considered for the Yellow Ribbon Program.
- I understand that Yellow Ribbon Programs funds are provided on a first-come, first-served basis, determined by the date/time applications are received by the Financial Aid Office.
- I understand that ACOM is not required to continue making Yellow Ribbon Program contributions if I am not making satisfactory progress toward completing my program, if I have a break in attendance, and/or if I do not have remaining Post-9/11 GI Bill® benefits.
- I understand that ACOM is not required to continue making Yellow Ribbon Program contributions if ACOM does not renew the Yellow Ribbon agreement with the VA for the following academic year.
- I understand that I am responsible for any outstanding balance that remains on my ACOM account after any Chapter 33 Post-9/11 GI Bill®, Yellow Ribbon Program funds, or other financial aid have been applied.

By signing below, I certify that I have read and understand the above Statement of Acknowledgment and that the information submitted on and/or with this request is true, complete, and correct to the best of my knowledge.

Signature:_____ Date:_____

Return this completed form by email to financialaid@acom.edu

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at http://www.benefits.va.gov/gibill

Financial Aid Office Use Only

Complete Required Documents Received (Y) (N) Received Date and Time: _____