

## APPLICATION FOR YELLOW RIBBON PROGRAM (CHAPTER 33 ONLY)

Name \_\_\_\_\_ Student ID \_\_\_\_\_

VA File Number (SSN) \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you received a Certificate of Eligibility form from the VA? ☐ Yes ☐ No

If yes, does it indicate you qualify for Chapter 33 benefits at the 100% eligibility level? ☐ Yes ☐ No

What is your Oklahoma Residency classification with OU? ☐ Oklahoma Resident ☐ Non-Resident

What is your classification at OU? ☐ Undergraduate Student ☐ Graduate Student

Please check which applies to you:

☐ Veteran

☐ Spouse of Veteran

☐ Dependent (child) of veteran (this includes Fry Scholarship recipients)

**\*\*A Yellow Ribbon Extension to Active Duty service members is not available until August 1, 2022**

Please read each statement below and initial in the space to the left of each statement to acknowledge your understanding and acceptance:

\_\_\_\_\_ As a non-resident student, I reviewed the OU Petition for In-state Tuition Classification and did not qualify for any options provided in the petition to be reclassified.

\_\_\_\_\_ I understand that I will only receive benefits for courses that are required for my academic degree program. If I am repeating a course in which I have previously received credit and an appropriate letter grade, I will not receive Yellow Ribbon benefits for the repeated course.

\_\_\_\_\_ I understand that I am required to submit a completed Veterans Confirmation Form to the Veterans Student Services Office listing my current class schedule before I am eligible to receive Chapter 33 education benefits or Yellow Ribbon Program benefits.

\_\_\_\_\_ I understand that changes made to my class schedule may result in overpayment of Veterans Administration benefits, and that I am fully responsible for any overpayment of Veterans Administration benefits that may occur.

\_\_\_\_\_ I understand that recipients of Yellow Ribbon Program benefits are required to maintain continuous enrollment and good academic standing with the university. I also understand that OU will determine on an annual basis whether to continue participation in the Yellow Ribbon Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_