

Office of Financial Aid

Sumner Hall | 333 N College Way, Claremont CA 91711 Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

Request for Participation in the Yellow Ribbon Program 2025/26 Academic Year

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 or fax this form to the Financial Aid Office. This form is for internal purposes only.

Name		Student ID	
Preferr	red Email Contact	Phone	
STATE	EMENT OF UNDERSTANDING		
• I have	e applied for the Post 9/11 GI Bill.		
• I understand that the Department of Veteran Affairs formally establishes eligibility for the and that this Request for Participation is contingent on Department of Veteran Affairs' and that this Request for Participation is contingent on Department of Veteran Affairs' and the second sec			n
• I believe I am 100% eligible for the Post 9/11 GI Bill based on the for Veterans Affairs:		sed on the following qualifications set and determined by the Department of	:
	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.		
	I am a dependent eligible for Transfer of Entitlen eligibility criteria listed above.	ment under the Post-9/11 GI Bill based on a veteran's service under the	
• I have applied to and been admitted to Pomona College.) .	
• I certify that I have applied to the Department of Veterans Affairs for my Certificate of Eligibility and will submit this Certificate to TTT-2 1 Tf0 Financm Dei,9 (9) Dei A4(ie)) (1) nBT0 gBT 902949 (1) 1/TT2 1 Tf0 3-3 (1)) (mDei,0 (9) 1) 1/TT ti,0 70 t) TT2 1 Tf0 9 42 Tr 9 0 0 9 2.0192 re WBT			
			