

Office of Financial Aid

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Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

Request for Participation in the Yellow Ribbon Program 2025/2026 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, to the Financial Aid Office. This form is for internal purposes only.

Name _____ Student ID _____

Preferred Email Contact _____ Phone _____

STATEMENT OF UNDERSTANDING

Ribbon Program and that this Request for such benefits.

Department of Veterans Affairs:

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 Entitlement under the Post-under the eligibility criteria listed above.

my Certificate of Eligibility and will submit this Certificate to the Financial Aid Office. Failure to submit this confirmation will result in my removal from the Yellow Ribbon Program participation list.

re distributed on a first-come, first-served basis, measured from financial aid offered by Pomona is need based and the institutional portion will be determined by my determined need.

omona will not continue to hold my spot in the Yellow Ribbon Program.

good academic standing.

nd correct to the best of my knowledge.

Signature: _____ Date: _____

Internal Use Only

Date and time received _____ Number _____/of _____