

## Office of the Registrar

## Yellow Ribbon Program Application – Academic Year 2024 - 2025

Please complete the information below and return this form to the Office of the Registrar. Applications are not complete without a copy of the Veteran's Certificate of Eligibility or Transfer of Eligibility to be considered for the Yellow Ribbon Program. This form must be submitted prior to the semester in which you begin your studies.

I understand that I must be accepted into Providence College and have paid the enrollment deposit to be considered

for the Yellow Ribbon Program.				
Only Veterans and their spouses using requirements) may receive this function 100% benefit level, regardless of the	ling. ToE children	are eligible for Yellow Ribbo		
Active-duty members and spouses or	f Active-duty mem	bers are not eligible for Yello	ow Ribbon.	
Applications will be accepted on a fi	rst come, first serv	ed basis for up to 10 awards		
Student's Name:		Student ID:	Graduation Year:	
Name of the Veteran:				
Undergraduate	☐ School	of Continuing Education	☐ Graduate	
The information I submit on this for	m is true and corre	ect to the best of my knowle	dge.	
Signature of Student:		Date:		
	Statement	of Understanding		
The Yellow Ribbon Program allows t expenses and fees that exceed the h				
I understand that submitting this falso understand that Providence Conot in good academic standing. Plueteran's award letter to:	ollege is not requi	red to continue making Yel	low Ribbon contributions if I am	
Mailing Address:	Email:		Fax:	
	<u>yarruda@</u>	providence.edu	401-865-1899	
Providence College				
The Office of the Registrar		If submitting via email, please		
Harkins Hall, Room 310 1 Cunningham Square		include the words "[PC-Encrypt]" in		
1 Cunningham Square the email's subject line to ensure Providence, RI 02918 that your message is sent securely.				
	For C	Office Use Only		
Date Application Received:	Staff Initials:	Application #:	Approved: Yes No	

Reason, if not approved: