YELLOW RIBBON CERTIFICATION REQUEST

SCU ID# __________________________

* Before filling this form out please be ADVISED:
  ✓ Eligibility of the yellow ribbon is at a first come first serve basis
  ✓ Only students that are eligible at 100% will be considered.
  ✓ It is your responsibility to notify us of any change in address, major or enrollment
  ✓ If you drop a course and are eligible for a refund, your refund will not be released until the following semester payment of tuition and fees is received from the VA. (If the VA sends less than requested, this may affect your refund)

Student Name: ___________________________ Preferred Name: ___________________________

Trimester: ___________ Program of Study ___________________________ Cell Phone# ___________________________

Email: ___________________________

Please attach to this form:
  1) Copy of Certificate of Eligibility Letter, if haven’t applied with the university before.
  2) Schedule for current trimester

IMPORTANT NOTICE - You may only take courses that apply to your program of study. If you take courses that do not apply to your major, it will result in overpayment of benefits which you will be responsible. SCU DC and AOM Students you will only be certified for the courses you need to graduate in your major.

Have your ever used the GI Bill before?  □ Yes  □ No

Have you ever attended other Colleges or Military Schools?  □ Yes  □ No

I hereby request that verification of my enrollment as a student at Southern California University of Health Sciences is furnished to the Veteran’s Administration.

• I certify that I will be in attendance and I am registered for the courses attached.
• I understand that it is MY responsibility to notify the VA Representative at Southern California University of Health Sciences a of my enrollment status.

I also understand that the school can not be held liable as a result of the overpayment due to:
  1) Misrepresentation
  2) Mistake of facts
  3) Failure to notify the school VA Officer of any course changes

Signature: ___________________________ Date: ___________________________

Please return completed form to:  SCU Financial Aid Office
16200 Amber Valley Drive, Whittier, CA 90604
Email: FinancialAid@scuhs.edu | Tel: 562-947-8755 ext 766