



**Office of the Registrar**  
 University of the Pacific  
 3601 Pacific Ave.  
 Stockton, CA 95211

**Yellow Ribbon Program Application**

**Student ID Number:** \_\_\_\_\_ **Student SSN:** \_\_\_\_\_ **Pacific E-mail:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_  
 (Print) Last First Middle

**Address:** \_\_\_\_\_  
 Street City Zip

**College/School:** \_\_\_\_\_ **Major/Program:** \_\_\_\_\_

**First Term of enrollment:**  Fall \_\_\_\_\_  Spring \_\_\_\_\_  
 Year Year

**Anticipated Graduation Date:**  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
 Year Year Year

**Are you currently enrolled at Pacific?**  Yes  No **Please indicate if you are the:**  Veteran  Spouse  Dependent

**Statement of Acknowledgement**

**I understand:**

- The Department of Veterans Affairs formally establishes eligibility for the Yellow Ribbon Program.
- University of the Pacific cannot override any decisions made by the Department of Veterans Affairs.
- That University of the Pacific will terminate my participation in the Yellow Ribbon Program if I am not in good academic standing and conduct standing or if there is a break in my attendance at Pacific.
- Yellow Ribbon Program funds are distributed on a first-come, first-serve basis, determined by the date applications are received by the V.A. Representative.
- Submitting this form does not guarantee my participation in the Yellow Ribbon Program.
- To the best of knowledge I am 100% eligible for the Yellow Ribbon Program and all the information provided is true and correct.
- By signing this form I certify that I have applied, been admitted and confirmed to attend Pacific in my chosen major/program.

**The information I supplied on this form is true and correct to the best of my knowledge.**

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

Please return completed application **and** Certificate of Eligibility to:

Office of the Registrar  
 Attn: V.A. Representative  
 Knoles Hall  
 University of the Pacific  
 3601 Pacific Avenue  
 Stockton, CA 95211

FOR OFFICE USE ONLY	
Date stamp:	
Time received _____	
Staff Initials _____	COE Included <input type="checkbox"/>