

# 2022-23 Yellow Ribbon Application

## Post 9/11 - CH 33



Last: \_\_\_\_\_ First: \_\_\_\_\_

College ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_

**Check one:**  Freshman  Sophomore  Junior  Senior

I understand there are a total of Five (5) scholarship recipients who will receive \$2000 each after they have exhausted their CH 33 benefits cap for the year.

I understand that the YR scholarship recipients are considered in the order in which their YR Applications are received.

I understand that in order to be qualified for this scholarship, I must be using CH 33 benefits at the rate of 100%.

I understand that my academic scholarship and any other financial aid that is designated for "tuition only" will be applied to my tuition and fees charges BEFORE the enrollment certification is submitted to VA.

I understand I am required to submit a Free Application for Federal Student Aid (FAFSA) as soon as possible to see what other aid is available.

I understand my financial aid awards may be adjusted once VA payments are received. The College must ensure compliance with federal, state, and institutional policies. If there is any conflict between this application and the VA law and/regulations, the VA law and/or regulations shall control.

**I will immediately inform the school VA Representative of any changes to my schedule because I understand it affects money sent to the school. If I make any changes to my schedule after the enrollment certification is submitted, I am liable for any money owed to VA. I understand the school will not award any additional money to my account thirty (30) days after school starts unless there are mitigating circumstances.**

To continue receiving these benefits, I understand I must maintain satisfactory academic progress, good conduct, and attendance.

I understand that I am responsible for any overload charges and any tuition owed to North Carolina Wesleyan University after my cap of **\$26,381.37** is met and Yellow Ribbon exhausted.

I understand that NC Wesleyan can amend the Agreement with Department of Veterans Affairs each year and may choose to discontinue participation in the Yellow Ribbon program. If so, I will be responsible for my expenses after the 9/11 (Chapter 33) payment is made.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date Received by VA office \_\_\_\_\_