

Winthrop University
Veterans Benefits Office
Office of Records and Registration
126 Tillman Hall
Rock Hill, South Carolina 29733
Voice: (803) 323-3691
Fax: (803) 323-4600

**Veteran Affairs Educational Benefits
Yellow Ribbon Program Application 2021-2022**

Student Name (*please print*): _____

Social Security #: _____

Student ID: _____

Type of Training: (*Please Check One*)

☐ Undergraduate

☐ Graduate

☐ Other (*Please describe*): _____

Thank you for your interest in the Yellow Ribbon Program at Winthrop University. Yellow Ribbon Program funds are matched by the Department of Veterans Affairs. Only students who are 100% eligible for the Post 9/11 GI Bill and are out-of-state residents for tuition purposes should apply. For the **2021-2022** academic year, Yellow Ribbon funds are awarded a first-come, first-served basis to the first 20 eligible undergraduate students and the first 5 eligible graduate students. Each student may receive up to a \$7,500.00 maximum annual contribution.

I understand and agree to the following:

- I am currently an enrolled and degree seeking student at Winthrop.
- I have applied with the Department of Veterans Affairs to use my Post 9/11 GI Bill benefit.
- I am 100% eligible for the Post 9/11 GI Bill as determined by the Department of Veterans Affairs.
- I am not on active duty or using a transferred benefit from my spouse on active duty.
- I acknowledge that Yellow Ribbon Program funds are distributed on a first-come, first-served basis.
- I understand that submitting this form does not guarantee my acceptance to the Yellow Ribbon Program.
- I understand I will need to reapply for the Yellow Ribbon Program for the 2021-22 academic year, and all subsequent academic years.
- I understand that I must submit a copy of my Certificate of Eligibility to the Veterans Benefits Coordinator at Winthrop as soon as it becomes available.
- I understand that my acceptance to the Yellow Ribbon Program is conditional, pending approval from the Department of Veterans Affairs.
- I understand that I am responsible for paying any University charges that are not covered by my GI Bill benefit.
- Any changes in my registration may alter the payment the VA will award me. I understand that I will be liable for any overpayment I might receive from the Department of Veterans Affairs.

Signature of VA Student: _____ **Date:** _____