

**Student ID: (98#)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Program:**      DDS                      IDS                      Ortho                      Endo

**Indicate the year you will graduate:** \_\_\_\_\_

***Statement of Acknowledgement:***

**I understand:**

- The Department of Veterans Affairs formally establishes eligibility for the Yellow Ribbon Program.
- Pacific Dugoni cannot override any decision made by the Department of Veterans Affairs.
- Pacific Dugoni will terminate my participation in the Yellow Ribbon Program if I have suspended or dismissed or if there is a break in my enrollment.
- 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 at the dental school.
- Submitting this form does not guarantee my participation in the Yellow Ribbon Program.
- To the best of my 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 Dugoni School of Dentistry.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to completed application and Certificate of Eligibility to:

Via email: [mcastell@pacific.edu](mailto:mcastell@pacific.edu)  
Fax: 415.749.3363