



Cornerstone UNIVERSITY®

VA AUTHORIZATION FORM

Name: _____ SS# _____

Current Address: _____ Date: _____

Phone: _____ E-mail Address: _____

Program of Study: Traditional Undergraduate Grand Rapids Theological Seminary
 Professional and Graduate Studies Teacher Certification (post-B.A.)

Degree: Associates of Science Associates of Arts Bachelors of Science Bachelors of Arts
 Bachelors of Music Bachelors of Religious Education Masters of Science
 Masters of Divinity Masters of Arts Masters of Theology

I am applying for or intend to apply for federal and/or state financial aid by completing the FAFSA (Check One):
____ Yes ____ No

Enrollment Term for which you wish to be certified: Summer: ____ Fall ____ Spring/J-Term: ____

Type and Amount or Percentage (if known) of Veterans Educational Benefits you will be receiving:

____ Post-9/11 GI Bill Chapter 33 _____

____ Montgomery GI Bill Chapter 30 _____

____ Montgomery GI Bill Chapter 1606 (Selected Reserve) _____

____ Survivors' and Dependents' Educational Assistance Program Chapter 35 _____ Spouse__ Child__

____ Vocational Rehabilitation Chapter 31 _____

____ Federal Tuition Assistance _____

____ Reserve Educational Assistance Program (REAP) Chapter 1607 _____

Please return this completed form along with a copy of your **DD-214** (first semester only) or a statement of active duty and a copy of your **Certificate of Eligibility** for Chapter 33 or a copy of your **Notice of Eligibility** if you are a reservist.

I understand that:

- All course work must be required for my approved degree in order to receive benefits.
- In the case of any failing grade, the instructor will be contacted to verify the last date of attendance.
- I must verify my enrollment monthly if I am using Chapters 30, 1606, or 1607 using the online WAVE portal/phone.
- I am aware that changes in my registration may alter the payment the VA will award me.
- I am ultimately responsible for charges to my Cornerstone account. I agree to assume responsibility for overpayments resulting from change in enrollment status due to no longer attending, dropping, adding, withdrawing, or changing programs.
- I must complete this form each and every **semester** in which I wish to be certified for VA educational benefits.

Signature

Date

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