



VA AUTHORIZATION FORM

Name: _____ ID# _____

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: _____ (example – Bachelors of Social Work or Masters of Counseling)

I intend to or have applied for federal and/or state financial aid by completing the FAFSA: ____ Yes ____ No

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

Number of credits you intend to complete in the indicated 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	_____
____ State Tuition Assistance	_____
____ Reserve Educational Assistance Program (REAP) Chapter 1607	_____

*Upon initial enrollment we need a copy of your **DD-214** 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 will notify the Financial Aid office if the number of credits I enroll in changes.**

--I must complete this form each and every **semester** in which I wish to be certified for VA educational benefits.

Signature

VADAUTLT-contact

Date

updated 11.29.16