



Cornerstone UNIVERSITY®

VA AUTHORIZATION FORM

Name: _____ ID# _____

Current Address: _____ Date: _____

Phone: _____ E-mail Address: _____

School 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

Please indicate the Veterans Educational Benefits you will be receiving, and complete any additional information requested:

____ Post-9/11 GI Bill Chapter 33 Percentage: _____

____ Montgomery GI Bill Chapter 30 _____

____ Survivors' and Dependents' Educational Assistance Program Chapter 35 Please indicate if Spouse or Child

____ Vocational Rehabilitation Chapter 31 Please provide the name of your VocRehab counselor: _____

The following benefits cannot be used for the same credit. They can be used at the same time if some classes are submitted for each type of benefit. If you plan to use both of these benefits at the same time, please indicate the number of credits per benefit.

____ Montgomery GI Bill Chapter 1606 (Selected Reserve) _____

____ Federal Tuition Assistance _____

*If this is your first time using VA benefits 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

Date