



Cornerstone  
UNIVERSITY®  
VA AUTHORIZATION FORM

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Online program: \_\_\_\_\_ YES \_\_\_\_\_ NO Branch of Service: \_\_\_\_\_

Degree: \_\_\_\_\_ (example – Bachelors of Social Work or Masters of Counseling)

Please circle one: ACTIVE MILITARY VETERAN DEPENDENT SPOUSE

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

Semester of enrollment \_\_\_\_\_

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

\_\_\_\_\_ Post-9/11 GI Bill Chapter 33 Percentage: \_\_\_\_\_

\_\_\_\_\_ Chapter 31 VR&E (formerly VocRehab) Please provide the name of your VR&E counselor: \_\_\_\_\_

\_\_\_\_\_ Montgomery GI Bill Chapter 1606 (Selected Reserve)

\_\_\_\_\_ Survivors' and Dependents' Educational Assistance Program Chapter 35 List Veteran Name & SSN: \_\_\_\_\_

\_\_\_\_\_ Montgomery GI Bill Chapter 30

\_\_\_\_\_ Federal Tuition Assistance

*If this is your first time using VA benefits at Cornerstone we need a copy of **Certificate of Eligibility** or **Notice of Eligibility** dated within the last 6 months.*

**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 to the VA if I am using benefits.

**--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.**

Please certify my benefits: \_\_\_\_\_ this semester \_\_\_\_\_ this academic year \_\_\_\_\_ each semester until I complete my program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date