



# Cornerstone UNIVERSITY®

## VA AUTHORIZATION FORM

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

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

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

Please circle one: ACTIVE MILITARY VETERAN SPOUSE DEPENDENT

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

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

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

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

\_\_\_\_ Federal Tuition Assistance

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date