

PROOF OF REGISTRATION

This form must be signed by the student and then signed and sealed/stamped by the registrar. Upon completion, the form must be uploaded via the member's dashboard or be submitted to us by email at scholarship@heritageintlplan.com

STUDENT'S AUTHORIZATION, ACKNOWLEDGMENT AND PAYMENT METHOD (TO BE COMPLETED BY BENEFICIARY)

If EAP's are being applied for multiple plans, please list ALL agreement numbers.

Beneficiary/Student's Full Name:

Agreement Number(s):

Please select your method of payment from the options below. **Your payment cannot be issued to anyone other than the beneficiary or the subscriber(s) on the Plan.**

I would like to receive payment by **Cheque** and understand that **cheques CANNOT be issued outside of Jamaica, Bahamas, Bermuda and BVI.**

I would like to receive payment via **Electronic Transfer**. I understand that there are fees associated with this method of payment and that such fees will be deducted from the proceeds being paid. If you select electronic transfer, **please complete the EAP Direct Deposit Wire Transfer Form.**

By signing the below, you are authorizing the Registrar to release information contained in this form to Heritage Education Funds International for use in processing the return of an Educational Assistance Payment ("EAP"). **Heritage reserves the right to contact the Registrar's Office to confirm validity of this form.**

Date (mm/dd/yy):

Beneficiary/Student's Email Address:

Beneficiary/Student's Signature

PROGRAM INFORMATION (TO BE COMPLETED BY REGISTRAR)

Name of Educational Institution:

Student ID:

Name of Program:

1. Is the student enrolled for the 2025-2026 academic year?	Yes	No			
2. Program length	1 year	2 years	3 years	4 years	Other:
3. Type of Post-Secondary Institution	University	Community College	Private trade, vocational or career		
	Co-op	Apprenticeship	Other:		
4. Status	Full-Time	Part-Time			
5. Year level completed and/ or academic requirements fulfilled	1st	2nd	3rd	4th	
	CAPE, IB or GCE A'Levels	Other:			

REGISTRAR'S INFORMATION (TO BE COMPLETED BY REGISTRAR)

Registrar's Name:

Phone Number:

Phone Number:

Email:

Comments:

Affix Seal/ Stamp Here

Institution's seal/stamp **must** be affixed here to confirm the authenticity of this form

REGISTRAR'S SIGNATURE

Date (mm/dd/yyyy)

Registrar's Signature