

## 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](mailto:scholarship@heritageintlplan.com)

### STUDENT'S AUTHORIZATION, ACKNOWLEDGEMENT 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 (Please print): \_\_\_\_\_ 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 the 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 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.**

\_\_\_\_\_  
Beneficiary/Student's Signature

\_\_\_\_\_  
Beneficiary/ Student's email address

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

### PROGRAM INFORMATION (TO BE COMPLETED BY REGISTRAR)

Name of Educational Institution: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Student ID: \_\_\_\_\_

1) Is the student enrolled for the 2024- 2025 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  
 1<sup>st</sup>  2<sup>nd</sup>  
 3<sup>rd</sup>  4<sup>th</sup>  
 CAPE, IB or GCE A'Levels  
 Other: \_\_\_\_\_

### REGISTRAR'S INFORMATION (TO BE COMPLETED BY REGISTRAR)

Registrar's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax 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

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date