

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. If the form is being emailed directly by the school, please ensure that the beneficiary is copied on the email to facilitate the online application process.

STUDENT'S AUTHORIZATION AND ACKNOWLEDGMENT (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):

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 2026-2027 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