



STUDENTS TRUST INTERNATIONAL

**EDUCATION PAYMENT (EP) APPLICATION**

Student Number	Plan Type: Circle One STI C\$ STI US\$ Bermuda Plan	Benefit Expiration: Last year eligibility	EP NUMBER: 1,2,3 or 4	Agreement Number
Beneficiary Name and Address <b>(FILL IN ADDRESS)</b>			Beneficiary Email and Telephone Number E-mail 1: E-mail 2:	

**BENEFICIARY AUTHORIZATION AREA**

- CHECK HERE TO APPLY FOR YOUR EDUCATION PAYMENT AND SIGN BELOW TO CONFIRM.
- I AUTHORIZE THE SCHOOL REGISTRAR TO RELEASE ANY INFORMATION PERTAINING TO MY ACADEMIC STANDING TO STI PLAN IN ORDER TO ASSIST THEM IN PROCESSING MY EDUCATION PAYMENT APPLICATION.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Beneficiary Email Address

**INSTRUCTION TO BENEFICIARY:**

- ADVISE OUR OFFICE VIA EMAIL OF YOUR *INTENTION TO APPLY OR DELAY* BEFORE JUNE 15, 2009.
- FORWARD THIS FORM TO YOUR SCHOOL REGISTRAR. THEY WILL HAVE TO FILL OUT THE SECTION BELOW "TO BE FILLED OUT COMPLETELY BY SCHOOL REGISTRAR OFFICER ONLY".
- ONLY OFFICIAL DOCUMENTATION IS ACCEPTED BY STI PLAN FOR APPLICATION EVALUATION (I.E. ORIGINAL DOCUMENT

**TO BE FILLED OUT COMPLETELY BY SCHOOL REGISTRAR OFFICER ONLY**

This area is to be filled in by the Registrar's office for the student listed above based on the highest academic level into which the student has been accepted. For example, if the student has just completed all work required of a 2<sup>nd</sup> Year level student and has been accepted to return in the same program, they would be considered a 3<sup>rd</sup> Year level student-even if the student has not completed registration.

NOTE: If the student has changed or transferred into this program we also require an official transcript representing their previous program work

NOTE: Any corrections in this area must be initialed by the signing official; otherwise, application will be rejected.

<b>UNIVERSITY OR COLLEGE</b> <input type="checkbox"/> Year 1 / Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Year2/ Sophomore <input type="checkbox"/> Senior	<input type="checkbox"/> Year3/ <input type="checkbox"/> Year4/	<b>CO-OP (WORK STUDY) PROGRAMME</b> <input type="checkbox"/> Academic Term <input type="checkbox"/> Work Term <hr/> <input type="checkbox"/> Year1 <input type="checkbox"/> Year2 <input type="checkbox"/> Year3 <input type="checkbox"/> Year4
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PROGRAM NAME: \_\_\_\_\_

PROGRAM TYPE:  Degree     3Yr. Diploma     2 Yr. Diploma     \*1 Yr. Certificate     \*Other: \_\_\_\_\_

START DATE OF CURRENT ACADEMIC YEAR LEVEL: \_\_\_\_\_ (DD) \_\_\_\_\_ (MM) \_\_\_\_\_ (YYYY)

PROGRAM LENGTH: \_\_\_\_\_ \* (1Yr.)    \_\_\_\_\_ (2Yr.)    \_\_\_\_\_ (3Yr.)    \_\_\_\_\_ (4Yr.)    \_\_\_\_\_ (others)

STATUS: FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

\* Program is more than 13 consecutive weeks and not less than 10 hours per week in class: \_\_\_\_\_ YES    \_\_\_\_\_ NO

**IMPORTANT: Minimum Post-Secondary Pre-requisite for Admission to the above program:**  1Year  2Year  3Year  None

Note: If 'A' Level, Foundation Program or other pre-requisite program was a requirement to enter into this program, please confirm via Remarks Section.

Remarks: \_\_\_\_\_

**MUST AFFIX INSTITUTION SEAL TO AUTHENTICATE APPLICATION**

Institution: \_\_\_\_\_

Certified by: \_\_\_\_\_

Title: \_\_\_\_\_

Authorizes Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: MUST MAIL THIS FORM TO STI PLAN ADMINISTRATION. FAX COPY IS NOT ACCEPTED**

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