



STUDENTS TRUST INTERNATIONAL

**EDUCATION PAYMENT (EP) APPLICATION**

School Student ID Number	Plan Type	Benefit Expiration	EP NUMBER	Agreement Number
Beneficiary Name and Address			Beneficiary Date of Birth	

**BENEFICIARY AUTHORIZATION AREA**

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

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".

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

- Please confirm the School ID # and Name & Address of the Student (Beneficiary) per above who authorizes the release of this data.
- Verify the academic year level of the current program that the student has been accepted to. If finished Yr. 2 and accepted to Yr. 3 of a program tick Yr. 3.
- A program must be full-time and considered by law to be a post-secondary degree or diploma program. Apprenticeships do not qualify.

<b>UNIVERSITY OR COLLEGE</b> <input type="checkbox"/> Year 1 / Freshman <input type="checkbox"/> Year3/ Junior <input type="checkbox"/> Year2/ Sophomore <input type="checkbox"/> Year4/ Senior	<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)

**Note: If 'A' Level, Foundation Program or other pre-requisite program was completed by this student prior to this program, please confirm in the Remarks Section. Student MUST SEND the Original or Certified true copy of the Certificate of Completion.**

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

MUST AFFIX INSTITUTION SEAL TO AUTHENTICATE APPLICATION

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

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

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

Authorized Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_

**NOTE: DO NOT SEND THIS FORM BY MAIL. PLEASE APPLY AND UPLOAD DOCUMENTS USING YOUR ONLINE ACCOUNT - SEE WWW.STIPLAN.COM FOR DETAILS**