



INTENT TO ENROLL FORM

- Completion of this form is required **only if the contract beneficiary is attending a private or out-of-state school.**
 - The contract beneficiary should complete, sign and date this form.
 - Questions should be directed to Customer Service at 1-888-772-4723.
 - Mail to SCTPP, PO Box 44289, Jacksonville, FL 32231-4289 or fax to 1-800-519-4652.
 - Upon receipt, SCTPP will send confirmation of the school selection to the contract beneficiary. Notification of the beneficiary's intent to enroll will also be forwarded to the institution designated on this form.
 - Payout rates for the academic year will be mailed to the institution once they become available late summer.
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Current Beneficiary Information

SCTPP Account Number _____

Beneficiary Name _____

Beneficiary Address _____

Beneficiary Social Security Number _____

Beneficiary E-mail _____

Daytime Telephone Number _____

School Information

Private / Out-of-State School _____

School Location (City/State): _____

Term / Year of Attendance _____

Beneficiary Certification

I certify that the information provided above is complete and accurate, and that I authorize SCTPP to submit information on my behalf to the above-referenced school.

Current Beneficiary's Signature

Date