



Délne Got'ine Government - Student Financial Support Program

DGGR DGG-AADNC UCEPP

Form A – Application

Date Received: _____ (office use only)

Student Information		
First Name	Last Name	
Permanent Address in NT – Town	Territory/Province	Postal Code
Current Address – Town/City	Territory/Province	Postal Code
Phone	Email	
SIN	DOB (YYYY/MM/DD)	
Délne Beneficiary #	Dependents? Yes No How Many? _____	
Which organization/government or agency will be funding you?	Provincial funder___ GNWT/SFA___ ISETS___ UCEP___	

Educational Institution			
Institution	Program		
Location	Course Load: Part-time Full-time		
Certificate	Diploma	Degree	Masters Doctorate Apprenticeship
Program Type:	Post-Secondary Program	University/College Entrance Program	Upgrading
Learning Style:	In-person	Online	
Year of Study	Semester (Fall/Winter, etc.)	Program Start Date	Program End Date

Banking Information (Direct Deposit)
Branch/Institution Number:
Transit Number:
Account Number:

Required Documents
<p>To have a full and complete application you must also include the following documents:</p> <ul style="list-style-type: none"> - Form B: Student Enrolment – to be completed by Educational Institution - Current/recent transcripts - Cover letter/letter of intent - Letter of Reference (not from family member)

Student Declaration				
<p>I declare:</p> <ul style="list-style-type: none"> - that all information given on this application along with provided documentation is true and any false information regarding eligibility determination will result in suspension from the program 				
<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 50%;"></td> <td style="border-top: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Student Signature</td> <td style="text-align: center;">Date (YYYY/MM/DD)</td> </tr> </table>			Student Signature	Date (YYYY/MM/DD)
Student Signature	Date (YYYY/MM/DD)			

For Office Use Only (do not fill)		
Approved	Denied	Total Amount Allocated \$ _____
Month: _____	To be Paid \$ _____	
Month: _____	To be Paid \$ _____	
Month: _____	To be Paid \$ _____	
Month: _____	To be Paid \$ _____	
<input type="checkbox"/> DGG-AADNC - CA-EDU013 <input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 - Apprenticeship		
<input type="checkbox"/> DGGR - Project Code 012.1 <input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53605 - Upgrading <input type="checkbox"/> 53610 – Apprenticeship		
<input type="checkbox"/> UCEPP - CA-EDU0XX		
Director Approval:		
Print Name: _____		
Signature : _____ Date (YYYY/MM/DD) : _____		

Please submit application and supporting documents to:

Department of Education
 Déliné Got'ine Government
 P.O. Box 156
 Déliné, NT X0E 0G0
 Email: education.support@gov.deline.ca
 Ph: (867) 589-3515 ext 1110