



Délne Got'ine Government - Student Financial Support Program

DGGR DGG-AADNC UCEPP

Form C – Application

Date Received: (office use only)

Student Information	
First Name	Last Name
Phone	Email
School Address:	Territory/Province and Post Code
Délne Beneficiary #	Dependents? Yes No How Many? _____
Which organization/government or agency will be funding you?	Provincial funder: ___ GNWT/SFA: ___ ISETS: ___

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

Student Declaration	
I declare:	
- 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	
_____	_____
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 \$ _____
NOTES:		
<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"/> 53610 – Apprenticeship <input type="checkbox"/> 53605 - Upgrading		
<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
Délıne Got'ıne Government
P.O. Box 156
Délıne, NT X0E 0G0
Email: education.support@gov.deline.ca
Ph: (867) 589-3515 ext 1110