Délı̨nę Got́ı̨nę Government - Student Financial Support Program

☐ **DGGR** ☐ **DGG-AADNC** ☐ **UCEPP**

Form D – Change of Information

Date Received:	**(office use only)**

Student Information

First Name	Last Name	
Permanent Address in NT – Town	Territory/Province	Postal Code
School Address – Town/City	Territory/Province	Postal Code
Phone	Email	
Délı̨nę Beneficiary #	Dependents? Yes No How Many? _____	
Which organization/government or agency will be funding you?	Provincial funder: ___ GNWT/SFA: ___ ISETS: ____	

Educational Institution (If different from previously applied)

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:

Comments:

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's Signature   Date (YYYY/MM/DD)

Please submit application and supporting documents to:
Department of Education
Délı̨nę Got'ı̨nę Government
P.O. Box 156
Délı̨nę, NT X0E 0G0
Email: education.support @gov.deline.ca
Ph: (867) 589-3515 ext 1110