



**Déligne Gha Gok'ə Réhkw' I - Student Financial Support Program
Form F - Summer Student/Practicum Award**

Date Received:	(Office Use Only)
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A – Employer/Employee Information	
Employer Name:	Employee/Student Name:
Employer Position:	Employee/Student Position:
Department:	
Employee Start Date:	Employee End Date:

B – Roles/Responsibilities
Please list the Roles and Responsibilities that the employee/student was responsible for:

C – Work Performance
Please describe the employee/student's work performance:

D - Declaration
<div style="display: flex; justify-content: space-between; margin-top: 50px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Employer Signature:</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date:</div> </div>



Déligne Got'ine Government

Our People. Our Future. Our Déligne.



For Office Use Only (do not fill)

Approved _____ Denied _____ Amount \$ _____

Notes:

**Project Code 012.1
53620 – Summer Employment**

Director Approval:

Print Name: _____

Signature: _____ Date (M/D/YYYY): _____

Please Return Form To:
Department of Education
Déligne Got'ine Government
Em: education.support@gov.deline.ca