



Student Financial Support Program Application – Form A

Date Received:	(office use only)
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I am applying for the (check one) <input type="checkbox"/> DGGR <input type="checkbox"/> DGG-AADNC <input type="checkbox"/> UCEPP funding			
Student Information			
First Name:		Last Name:	
Permanent Address in NT:	Town/City:	Territory/Province:	Postal Code:
Current Address (if different from above):	Town/City:	Territory/Province:	Postal Code:
Phone:		Email Address:	
SIN:	Sex:	Date of Birth (YYYY/MM/DD):	
Délne Beneficiary #:		Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many? _____	
Which organization/government or agency will be funding you?		Primary funder: <input type="checkbox"/> GNWT SFA <input type="checkbox"/> ISETS <input type="checkbox"/> Other:	

Educational Institution			
Institution:		Program:	
Location:		Course Load: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Apprenticeship			
Learning Style: <input type="checkbox"/> In-person <input type="checkbox"/> Online			
Year of Study:	Semester (Fall/Winter, etc.)	Program Start Date (YY/MM/DD):	Program End Date (YY/MM/DD):

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

Required Documents	
To have a full and complete application you must also include the following documents:	
<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 a family member) 	

Student Declaration	
I declare: <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 	
_____ Student Signature	_____ Date (YYYY/MM/DD)

For Office Use Only (do not fill)		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	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 <ul style="list-style-type: none"> <input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 - Apprenticeship 		
<input type="checkbox"/> DGGR - Project Code 012.1 <ul style="list-style-type: none"> <input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 - Apprenticeship <input type="checkbox"/> 53605 - Upgrading 		
<input type="checkbox"/> UCEPP - CA-EDU044 <ul style="list-style-type: none"> 53605 - Upgrading 		
Director Approval:		
Print Name: _____		
Signature: _____ Date (YYYY/MM/DD): _____		

Please submit application and supporting documents to:

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