



## Student Financial Support Program Form B – Student Enrolment

I am applying for the (check one): <input type="checkbox"/> DGGR <input type="checkbox"/> DGG-AADNC <input type="checkbox"/> UCEPP			
<b>To Be Completed by Student</b>			
First and Last Name:			
DOB (MM/DD/YYYY)	SIN	Student ID	
Telephone	Email		
_____ Student Signature		_____ Date (YYYY/MM/DD)	
<b>To Be Completed by Education Institution</b>			
This form is used to confirm the student's enrolment to be eligible for the DGG Student Financial Support Program. Please return to address below or to student			
Name of Institution:		Name of Program:	
Student enrolled in: <input type="checkbox"/> 1-39% <input type="checkbox"/> 40-59% <input type="checkbox"/> 60-100% of a 100% course load			
Working towards: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:			
Type of Program: <input type="checkbox"/> Post-secondary <input type="checkbox"/> Upgrading <input type="checkbox"/> University/College Prep			
Semester Enrolled: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year ____ of ____ year program
Semester Start Date:	Semester End Date:	Tuition \$	Books \$
Email:	Phone:	Other fees (Explanation Required) \$	
_____ Title of Official		_____ Signature of Official	
		_____ Date (YYYY/MM/DD)	

**Please submit application and supporting documents to:**

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