



**Student Financial Support Program
Form C – Continuing Student**

Date Received:	(office use only)
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I am applying for (check one) funding: <input type="checkbox"/> DGGR <input type="checkbox"/> DGG-AADNC <input type="checkbox"/> UCEPP			
Student Information			
First Name:		Last Name:	
Phone:		Email:	
Address at school:	Town/City:	Territory/Province:	Postal Code:
Déligne 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:	
School 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			
Program Type: <input type="checkbox"/> Post-Secondary Program <input type="checkbox"/> University/College Entrance Program <input type="checkbox"/> Upgrading			
Learning Style: <input type="checkbox"/> In-person <input type="checkbox"/> Online			
Year of Study:	Semester (Fall/Winter, etc.)	Program Start Date:	Program End Date:

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 	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Student Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date (YYYY/MM/DD)

Please submit application and supporting documents to:

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

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:

DGG-AADNC - CA-EDU013

53600 - Education Scholarship 53610 - Apprenticeship

DGGR - Project Code 012.1

53600 - Education Scholarship 53610 - Apprenticeship 53605 - Upgrading

UCEPP - CA-EDU044

53605 - Upgrading

Director Approval:

Print Name: _____

Signature: _____ Date (YYYY/MM/DD) : _____