



**Student Financial Support Program  
Form D – Change of Information**

Date Received:	<b>(office use only)</b>
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For the (check one) <input type="checkbox"/> DGGR <input type="checkbox"/> DGG-AADNC <input type="checkbox"/> UCEPP    funding			
<b>Student Information</b>			
First Name:		Last Name:	
Permanent Address in NT:	Town/City:	Territory/Province:	Postal Code:
School Address:	Town/City:	Territory/Province:	Postal Code:
Phone:		Email:	
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:	

<b>Educational Institution (If different from previously applied)</b>			
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			
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:

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

<b>Comments:</b>

<b>Student Declaration</b>
<p>I declare:</p> <ul style="list-style-type: none"> <li>- 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</li> </ul>
<hr style="width: 100%; border: 0; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Student's Signature</span> <span>Date (YYYY/MM/DD)</span> </div>

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

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