

Délina Gha Gok'ə Réhkw'Í - Student Financial Support Program
Form G – Graduation Award

Date Received:	(office use only)
----------------	-------------------

A – Personal Information		
Name:	DOB:	
Délina Beneficiary #:	SIN:	
Permanent Mailing Address – Town/City	Territory/Province	Postal Code
Current Mailing Address (if different from above) – Town/City	Territory/Province	Postal Code
Phone:	Email:	
B – Graduation Information		
Education Institution:	Program:	
Completion Date:	Graduation date:	
Certification Received (check one):		
Apprenticeship	Certificate	Diploma
Degree	Masters	Doctorate
Other: _____		
C – Banking Information (for direct deposit)		
If account does not belong to student, please have student fill release of funds boxes		
Branch/Institution #:	Transit #:	Account #:
Release of funds:		
I _____ give permission to have my eligible grad award to be released to:		
(Print Name)		
Name:		
Phone #:		
Relationship to Awardee:		
_____	_____	
(Student Signature)	Date (MM/DD/YYYY)	
D – Student Declaration		
I _____ declare that the given information is true and any false information will result in suspension from the DGG grad awards program		
_____	_____	
(Student signature)	Date (MM/DD/YYYY)	

****Please submit a copy of certificate with this form as proof of program completion****

Please submit your completed form to:
 Department of Education
 Délina Got'Ine Government
 P.O. Box 156
 Délina, NT X0E 0G0
 Email: education.support@gov.deline.ca
 PH: (867) 589-3515 ext 1124



Déljné Got'Iné Government

Our People. Our Future. Our Déljné.



For Office Use Only (do not fill)

Approved Denied Amount \$ _____

Notes:

**Project Code 012.1
53615 – Grad Awards**

Director Approval:

Print Name: _____

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