

# Student Financial Support Program Application – Form A



# Déligne Got'ine Government

Our People. Our Future. Our Déligne.

OFFICE USE ONLY

Date Received:

I am applying for the (check one):  Canada's Déligne First Nation Student Bursary  Dene Gha Gok'ə Réhkw'í  
 University or College Entrance Preparation Program

## 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:
Email Address:		Phone:	
SIN:	Sex:	Date of Birth (YYYY/MM/DD):	
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 (If different from previously applied)

Institution:		Program:	
Location:		Course Load: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
Program Type: <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:
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### Required Documents

To have a full and complete application you must also include the following documents:

- Form B: Student Enrolment – to be completed by Educational Institution
- A copy of the applicant's Indian status for Canada's Deline First Nation Bursary only
- Current/recent transcripts
- Cover letter/letter of intent
- Letter of Reference (not from a family member)

### Student Declaration

I declare 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):

**(do not fill) OFFICE USE ONLY**

Approved    Denied   Total Amount Allocated \$ \_\_\_\_\_

Month: _____ To be Paid \$ _____	Month: _____ To be Paid \$ _____	Month: _____ To be Paid \$ _____	Month: _____ To be Paid \$ _____
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CDFN-Bursary - CA-EDU013    53600 - Education Scholarship    53610 - Trades

DGGR - Project Code 012.1    53600 - Education Scholarship    53610 – Trades    53605 - Upgrading

UCEPP - CA-EDU044    53605 - Upgrading

### Director Approval

Print Name:

Signature:

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