

Student Financial Support Program – Form C – Continuing Student



Délne Got'ne Government

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OFFICE USE ONLY

Date Received:

I am applying for the (check one): Canada's Délne First Nation Student Bursary Dene Gha Gok'ə Réhkw'I
 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:
Phone:		Email Address:	
SIN:	Sex:	Date of Birth (YYYY/MM/DD):	
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: _____	

Educational Institution

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):

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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			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Total Amount Allocated \$ _____			
Month: _____ To be Paid \$ _____	Month: _____ To be Paid \$ _____	Month: _____ To be Paid \$ _____	Month: _____ To be Paid \$ _____
<input type="checkbox"/> CDFN-Bursary - CA-EDU013	<input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 - Trades		
<input type="checkbox"/> DGGR - Project Code 012.1	<input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 – Trades <input type="checkbox"/> 53605 - Upgrading		
<input type="checkbox"/> UCEPP - CA-EDU044	<input type="checkbox"/> 53605 - Upgrading		

Director Approval	
Print Name:	
Signature	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