

Student Financial Support Program Application – Form E



Délînę Got'înę Government

Our People. Our Future. Our Délînę.

OFFICE USE ONLY

Date Received:

I am applying for the (check one): Canada's Délînę First Nation Student Bursary
 University or College Entrance Preparation Program

Please use this form to apply for coverage of travel expenses to and from your educational institution. Expenses can include:

- Air fare (based on most economical airfare from Educational Institution to nearest major airport to community of residence), and/or
- Kilometers traveled via land (as per rates posted by the National Joint Council for the Northwest Territories¹)

To receive reimbursement of travel, receipts must be provided as documentation; no receipt of such documents will result in no reimbursement of travel expenses.

*** (Depending on funding availability), a maximum of \$2000 will be available for students without dependents, while a maximum of \$3500 will be available to those with dependents. ***

A – Student Information

First Name:

Last Name:

Date of Birth (YYYY/MM/DD):

Treaty #:

B – Travel Information

Traveling from (city, province):

Traveling to (city, province):

Mode of Travel (check all that apply):

Air Land

Date of Travel (M/D/YYYY):

¹ <https://njc-cnm.gc.ca/directive/d10/v238/s658/en>

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C - Declaration	
I declare that the expenses incurred have been used for the purpose of traveling to and from my post- secondary institution.	
Any false information will result in the denial of reimbursement/paid travel expenses hence leaving the expenses up to the student's responsibility	
Student Signature:	Date (YYYY/MM/DD):

(do not fill) OFFICE USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Amount \$ _____	
<input type="checkbox"/> DGG - AADNC - CA-EDU013	<input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53605 - Upgrading <input type="checkbox"/> 53610 – Apprenticeship
<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