

Student Financial Support Program – Form B – Student Enrolment



Déligne Got'Ine Government

Our People. Our Future. Our Déligne.

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

To Be Completed by Student

First and Last Name:

DOB (MM/DD/YYYY)

SIN

Student ID

Phone:

Email:

Student Signature:

Date (YYYY/MM/DD):

To Be Completed by Education Institution

This form is used to confirm the student's enrolment to be eligible for the DGG Student Financial Support Program. Please return to address below or to student.

Name of Institution:

Name of Student's Program:

Student's course load (percentage of a full 100% course load): 1-39% 40-59% 60-100%

Working towards: Certificate Diploma Degree Masters Doctorate Other: _____

Semester Enrolled: Fall Winter Spring Summer

Year _____ of _____ year program

Semester Start Date:

Semester End Date:

Tuition \$

Books \$

Email:

Phone:

Other fees (Explanation Required) \$

Title of Official:

Signature of Official:

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