Appeal Request - Form H

Délı̨nę Got'ı̨nę Government
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1. Student Information	
Student Name:	Student ID:
Institution:	Program:
Semester:	Academic Year:

2. Appeal Details
Please provide a clear explanation of the decision you are appealing (e.g. funding denial, suspension, ineligibility) and the reasons for your appeal:

3. Education Policy Reference(s)
Please identify the section(s) of the Education Policy you are referencing in support of this appeal:

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5. Hardship Bursary Policy Requirement
Hardship support is discretionary and requires the student to be active in their program and compliant with all reporting requirements.

6. Student Declaration	
I confirm that the information provided is accurate and complete. I understand that hardship support is discretionary and subject to meeting program and reporting requirements.	
Signature:	Date:

(do not fill) OFFICE USE ONLY	
Director / Appeal Committee Decision: ☐ Approved ☐ Denied ☐ Further Information Required	
Verified By (Name):	Title:
Signature:	Date (YYYY/MM/DD):

Please submit application and supporting documents to:
Department of Education, Délı̨nę Got'ı̨nę Government
P.O. Box 156 Délı̨nę, NT X0E 0G0
Email: education.support @gov.deline.ca
Ph: (867) 589-3515 ext. 1110