



Délina Government

Our People. Our Future. Our Délina.



Délina Gha Gok'ə Réhkw' I - Student Financial Support Program Form F - Summer Student/Practicum Award

Date Received:

(Office Use Only)

A – Employer/Employee Information	
Employer Name:	Employee/Student Name:
Employer Position:	Employee/Student Position:
Department:	
Employee Start Date:	Employee End Date:

B – Roles/Responsibilities
Please list the Roles and Responsibilities that the employee/student was responsible for:

C – Work Performance
Please describe the employee/student's work performance:

D - Declaration	
_____ Employer Signature:	_____ Date:



For Office Use Only (do not fill)

Approved Denied Amount \$ _____

Notes:

**Project Code 012.1
53620 – Summer Employment**

Director Approval:

Print Name: _____

Signature: _____ Date (M/D/YYYY): _____

Please Return Form To:
Department of Education
Déligne Got'ine Government
Em: education.support@gov.deline.ca