



Délina Government – AADNC Student Financial Support Form C – Continuing Applicants

Date Received: _____ (office use only)

Student Information			
First Name		Last Name	
Phone		Email	
Educational Institution			
Institution		Program	
Location		Course Load: Part-time Full-time	
Certificate Diploma Degree		Masters Doctorate Apprenticeship	
Other: Learning Style: In-person Online			
Year of Study	Semester (Fall/Winter, etc.)	Program Start Date	Program End Date
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 (MM/DD/YYYY)	
For Office Use Only (do not fill)			
Approved	Denied	Amount \$ _____	
Notes:			
Finance Code: CA-EDU013			
Director Approval:			
Print Name: _____			
Signature: _____ Date (M/D/YYYY): _____			

Please submit application and supporting documents to:

Department of Education
Délina Government
P.O. Box 156
Délina, NT X0E 0G0

Email: education.support@gov.deline.ca

Ph: (867) 589-3515