



Délne Got'ine Government - Student Financial Support Program

DGGR  DGG-AADNC  UCEPP

Form C – Application

Date Received: **(office use only)**

Student Information	
First Name	Last Name
Phone	Email
School Address:	Territory/Province and Post Code
Délne Beneficiary #	Dependents? Yes No How Many? _____
Which organization/government or agency will be funding you?	Provincial funder: ___ GNWT/SFA: ___ ISETS: ___

Educational Institution			
Institution	Program		
Location	Course Load: Part-time Full-time		
Certificate	Diploma	Degree	Masters Doctorate Apprenticeship
Program Type:	Post-Secondary Program	University/College Entrance Program	Upgrading
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 (YYYY/MM/DD)

For Office Use Only (do not fill)		
Approved	Denied	Total Amount Allocated \$ _____
Month: _____		To be Paid \$ _____
Month: _____		To be Paid \$ _____
Month: _____		To be Paid \$ _____
Month: _____		To be Paid \$ _____
NOTES:		
<input type="checkbox"/> DGG-AADNC - CA-EDU013 <input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 - Apprenticeship		
<input type="checkbox"/> DGGR - Project Code 012.1 <input type="checkbox"/> 53600 - Education Scholarship <input type="checkbox"/> 53610 – Apprenticeship <input type="checkbox"/> 53605 - Upgrading		
<input type="checkbox"/> UCEPP - CA-EDU0XX		
Director Approval:		
Print Name: _____		
Signature : _____ Date (YYYY/MM/DD) : _____		

**Please submit application and supporting documents to:**

Department of Education  
Délıne Got'ıne Government  
P.O. Box 156  
Délıne, NT X0E 0G0  
Email: [education.support@gov.deline.ca](mailto:education.support@gov.deline.ca)  
Ph: (867) 589-3515 ext 1110