

## Déline Got î ne Government - Student Financial Support Program

## $\square$ DGGR $\square$ DGG-AADNC $\square$ UCEPP

Form D – Change of Information

		Date Received:	(office use only)
Student Information			
First Name		Last Name	
Permanent Address in NT – Town		Territory/Province	Postal Code
School Address – Town/City		Territory/Province	Postal Code
Phone		Email	
Délinę Beneficiary #		Dependents? Yes No How Many?	
Which organization/government or agency will be			
funding you?		Provincial funder: GNWT/SFA: ISETS:	
Educational Institution (If different from previously applied)			
Institution		Program	
Location		Course Load: Part-time Full-time	
Certificate Diploma Degree Masters Doctorate Apprenticeship			renticeship
Program Type: Post-S	Secondary Program	University/College Entrance	Program Upgrading
Learning Style: In-person Online			
			D E ID
Year of Study	Semester (Fall/Winter, etc.)	Program Start Date	Program End Date

Banking Information (Direct Deposit)				
Branch/Institution Number:				
Transit Number:				
Account Number:				
Comments:				
<b>Student Declaration</b>				
I declare:				
	ion along with provided documentation is true and determination will result in suspension from the			
Student's Signature	Date (YYYY/MM/DD)			

## Please submit application and supporting documents to:

Department of Education Déline Got'ine Government P.O. Box 156 Déline, NT X0E 0G0

Email: <u>education.support @gov.deline.ca</u> Ph: (867) 589-3515 ext 1110