



Please fill out this form if you would like to apply for financial assistance.

Financial Assistance

We are requesting tuition assistance from CaST School in the amount of _____ for the 2024-2025 academic year. We understand that this assistance, if granted, is not automatically renewable.

Student Name: _____

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Please attach a copy of all parents'/guardians' two most recent tax returns and Notices of Assessment.

Please check the total yearly income for your household:

Below \$30, 000

\$30, 000 - \$55, 000

\$55, 000 - \$85, 000

over \$85,000

Number of dependents, including the student listed on this application: ____

The tuition deposit must be paid prior to the submission of this form.

The information submitted with this Financial Assistance form is true and complete:

Signature: _____ Date: _____

Signature: _____ Date: _____

The school uses personal information only to determine appropriate assistance levels. We hold such information in careful confidence. If you have any concerns about our collection or use of information, please contact the Principal.

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