



ISLAND CATHOLIC SCHOOLS

4044 Nelthorpe Street, Victoria, BC V8X 2A1

FINANCIAL ASSISTANCE APPLICATION **Note to Applicants (2025/2026)**

Parents are asked to carefully read the following:

- Following Christian values and teachings, we try to provide financial assistance to those who cannot afford to pay the regular school tuition fees.
- Funds for financial assistance are limited, and we ask all applicants to consider other forms of assistance, for example, assistance from grandparents and/or other relatives, if possible.
- Island Catholic Schools' income comes from a government grant, tuition fees and donations by individuals and parishes. The government grant represents about 40% to 50% of the school's expenditures and therefore tuition fees are a key funding source.
- The school/family relationship should be mutually supportive of each other. Families receiving assistance may be able to provide time and talent that will help the school save in other ways (for example spring yard clean-up, volunteering at the school etc.).
- It is the intention of the Financial Assistance Committee to assist the greatest number of families possible, therefore financial assistance may be less than the maximum eligible amount.
- The information given to the Financial Assistance Committee is CONFIDENTIAL.
- Applications for Financial Assistance must be returned to the school principal by May 1st, Attention of the Financial Assistance Committee.
- Only one application is required per family.
- Late applications will be considered for special circumstances or if a family's financial situation significantly changes during the year.

A copy of your 2024 Notice of Assessment from Canada Revenue Agency must be attached before the application will be considered.

Please retain a copy for your records.

If your financial situation has changed, please attach a letter of explanation, or include an explanation under special circumstances.



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FINANCIAL ASSISTANCE APPLICATION FORM 2025/2026

FAMILY INFORMATION

Parent's Name(s): _____

Address: _____

Phone Number(s): Daytime: _____ Evening: _____

Email(s): _____

Marital Status: Married Widowed Divorced Separated Single Common Law

Practicing Catholic: Yes No

Are you currently receiving financial assistance: Yes No

The number of family members living at home: _____

*** Please list all children attending or registering with Island Catholic Schools. ***

School A: _____

Student's Name: _____ Grade: _____ (in September 2025)

Student's Name: _____ Grade: _____ (in September 2025)

Student's Name: _____ Grade: _____ (in September 2025)

School B: _____

Student's Name: _____ Grade: _____ (in September 2025)

Student's Name: _____ Grade: _____ (in September 2025)

Student's Name: _____ Grade: _____ (in September 2025)

CURRENT EMPLOYMENT

Employer: Father: _____

Mother: _____

TOTAL INCOME

Father \$ _____ (line 26000 on your tax return)

Mother \$ _____ (line 26000 on your tax return)

Other income: \$ _____ (i.e. disability income, child support, shareholder loans/draws)

Total \$ _____

TAX THRESHOLD

Taxable Income Threshold

\$55,867 or less
\$55,867 up to \$111,733
\$111,733 up to \$173,205

Maximum Eligible Assistance

Up to 75%
Up to 50%
Up to 25%

Financial assistance may be less than the maximum eligible amount. Eligibility is calculated based on taxable income and number of family members.

SPECIAL CIRCUMSTANCES

Is there another person or relative currently assisting or able to assist with tuition?

Please provide an explanation of any extraordinary financial circumstances that we should be aware of:

Please check that you have read and understood:

- I hereby certify that this application is a true statement of the current financial position of our household.
- I confirm that I have no other sources of income for tuition (i.e., shareholder, loans, capital dividends, trusts).
- I understand that a personal interview may be required as part of this application.
- I understand that if my financial situation improves, I am expected to notify the school principal immediately.**
- I further understand that if I fail to notify the school financial assistance may be rescinded.
- I understand that by receiving assistance, the school will receive less income, and therefore I will help in any way I can with my time and talent.
- I understand that should my child be the recipient of a scholarship, this will reduce the amount of tuition assistance necessary.
- I have attached a true copy of my 2024 Notice of Assessment.

Signature of Parents: _____ Date: _____

***** THIS BOX IS FOR OFFICE USE ONLY *****

Tuition Amount:	Amount Assistance Approved:
\$ _____	\$ _____
_____	_____
Authorized Signature	Date Approved