



**A.B. REWALD AND JEANNETTE REWALD  
SCHOLARSHIP TRUST  
APPLICATION FOR TUITION AID  
FOR THE ACADEMIC YEAR 2018-2019**

**INSTRUCTIONS**

Please fill out this application completely. **Applications submitted with questions unanswered will be disqualified.** Return the completed application in a sealed envelope to:

**SAINT CHARLES SCHOOL  
449 CONKEY STREET  
BURLINGTON, WISCONSIN 53105**

The Selection Committee as stated in the Trust Agreement will make the final determination of awards. Awards may be used for tuition only.

**APPLICATION**

Applications on this approved form are to be submitted no later than **Friday, April 13, 2018.**

**Parents** of Student(s)

**Father:** \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
— Street City State Zip

Telephone  
Number: \_\_\_\_\_

**Mother:** \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Street City State Zip

Telephone  
Number: \_\_\_\_\_



**FAMILY INFORMATION**

**Father** of Student(s)

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mother** of Student(s)

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

**All Dependents:** (list should include college students and all other dependents).

Name	Age 2018-19	Grade	School	Cost to Family	Parish Member circle one <u>Y or N</u>
_____	_____	_____	_____	_____	<u>Y or N</u>
_____	_____	_____	_____	_____	<u>Y or N</u>
_____	_____	_____	_____	_____	<u>Y or N</u>
_____	_____	_____	_____	_____	<u>Y or N</u>
_____	_____	_____	_____	_____	<u>Y or N</u>
_____	_____	_____	_____	_____	<u>Y or N</u>

(If more than six, submit an additional sheet.)

**FINANCIAL INFORMATION**

Did you file an Income Tax return for 2017? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Gross Income of immediate family for 2017 (**COPY OF COMPLETE INCOME TAX RETURN MUST BE INCLUDED**) \_\_\_\_\_

2. AFDC, Welfare, Social Security (**COPY OF PAYMENT SCHEDULE MUST BE INCLUDED**) \_\_\_\_\_

3. Child Support for the year (if applicable) \_\_\_\_\_

4. Income not included in 1, 2, & 3 (with identification of source) \_\_\_\_\_

Total lines 1, 2, 3 and 4 \_\_\_\_\_

Amount any child received by grants, scholarships, matching funds of employers, etc. (other than Rewald ) \_\_\_\_\_

**Special Financial Problems**, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information provided is complete and accurate.**

\_\_\_\_\_  
**Signature** of Parent(s)/Guardian(s)

**Date:** \_\_\_\_\_

**The school must receive applications no later than April 13, 2018.**

**Do not send any originals of the required tax forms, AFDC, Welfare, Social Security payment statements, etc. SEND COPIES ONLY.**

The information submitted with the application will be held confidential. Be sure to include information about special circumstances or large medical bills, etc. for consideration. A family with more than one student in school can submit one set of documents.

**Those receiving aid will be notified after June 15, 2018.** The aid payment will be made to the student's school and the family's account will be credited accordingly.