

**5K-8th gr.
application**

**A.B. REWALD AND JEANNETTE REWALD
SCHOLARSHIP TRUST
APPLICATION FOR TUITION AID
FOR THE ACADEMIC YEAR 2019-2020**

INSTRUCTIONS

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



NORTH CAMPUS - 449 CONKEY ST., BURLINGTON, WI 53105 (St. Charles)
or
SOUTH CAMPUS - 225 W. STATE ST., BURLINGTON, WI 53105 (St. Mary)

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

Applications must be submitted by the end of the school day - Wednesday, April 24, 2019.

APPLICATION

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 _____

Student(s) for which aid is requested:

Applicant #1:

First Name

Middle Name

Last Name

Address: _____

Street

City

State

Zip

Telephone Number: _____

Date of Birth: _____

Month

Day

Year

School: _____

Grade: _____

2019-2020 school year

Applicant #2:

First Name

Middle Name

Last Name

Address: _____

Street

City

State

Zip

Telephone Number: _____

Date of Birth: _____

Month

Day

Year

School: _____

Grade: _____

2019-2020 school year

Applicant #3:

First Name

Middle Name

Last Name

Address: _____

Street

City

State

Zip

Telephone Number: _____

Date of Birth: _____

Month

Day

Year

School: _____

Grade: _____

2019-2020 school year

Applicant #4:

First Name

Middle Name

Last Name

Address: _____

Street

City

State

Zip

Telephone Number: _____

Date of Birth: _____

Month

Day

Year

School: _____

Grade: _____

2019-2020 school year

If more than four student applicants submit an additional sheet.

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	Grade	School	Cost to Family
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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

FINANCIAL INFORMATION

Did you file an Income Tax return for 2018? Yes _____ No _____

1. Gross Income of immediate family for 2018 (**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 24, 2019.

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 1, 2019. The aid payment will be made to the student's school and the family's account will be credited accordingly.

Applications for Burlington Catholic School campuses must be separate from Catholic Central High School. Catholic Central High School has a separate application and is reviewed at a later date. **You must apply at both schools if you have children attending both grade school and high school.**