

**DONALD AND ROSELLA ECKERT TUITION SCHOLARSHIP FUND**  
**Application for St. Charles Parishioners 2024-2025**

**PARENT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email / Phone: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Gross Income: \_\_\_\_\_

Number of children attending Burlington Catholic School \_\_\_\_\_

Are you a St. Charles Parish member? Y/N \_\_\_\_\_

Have you applied for other forms of aid (Rewald Scholarship, Choice)? Y/N \_\_\_\_\_

How much you feel you can pay per month: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES / REASON FOR REQUESTING FUNDS**

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I certify that the information provided is complete and accurate.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

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