A.B. REWALD AND JEANNETTE REWALD SCHOLARSHIP TRUST APPLICATION K5 - 8th GRADE TUITION AID FOR THE ACADEMIC YEAR 2024-2025

Fill out the application completely.

Applications submitted with questions unanswered will be disqualified.

Return the completed application in a sealed envelope to:



St. Charles Campus - 449 Conkey St, Burlington, WI 53105

or

St. Mary Campus - 225 W State St, Burlington, WI 53105

As stated in the Trust Agreement, the Selection Committee 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, 2024

Parents/Guardians of Student(s):

Father:				
	First Name	Middle Name	Last Name	
Address				
	Street	City	State Zip	
Telephone N	Number			
Mother:				
	First Name	Middle Name	Last Name	
Address				
	Street	City	State Zip	
Telephone N	Number			

Student(s) for which aid is requested:

Applicant #1						
First Name		Middle Name		Last Name		
Address:				<u></u>		
Street		City			State	Zip
Telephone Number:		Date of Birth:				
			Month	Day		Year
School: Burlington Catholi	<u>c School</u>	Grade 2024-20	025:			
Applicant #2						
	-irst Name	Middle			Last N	ame
Address:						
Street		City			State	Zip
Telephone Number:		Date of Birth:				
			Month	Day		Year
School: Burlington Catholic School		Grade 2024-2025:				
Applicant #3						
I	First Name	Middle	Name		Last N	ame
Address:						
Street		City			State	Zip
Telephone Number:		Date of Birth:				
			Month	Day		Year
School: Burlington Catholi	<u>c School</u>	Grade 2024-20	025:			
Applicant #4						
	First Name	Middle	Name		Last N	ame
Address:						
Street		City			State	Zip
Telephone Number:		Date of Birth:_				
			Month	Day		Year
School: Burlington Catholi	<u>c School</u>	Grade 2024-20	025:			

If more than four student applicants submit an additional sheet

FAMILY INFORMATION

Father/Guardian of Stude	ent(s)		
Place of Employment:			
Occupation:			
Mother/Guardian of Stud	lent(s)		
Place of Employment:			
Occupation:			
All Dependents (list sho	uld include college stu	dents and all other	dependents)
Name	Age / Grade	School	Cost to Family
	2024-25		
			\$
			\$
			\$
			\$
			\$
			\$
	FINANCIAL INFO	RMATION	
Did you file an Income Ta	x return for 2023?	Yes	No
1. Gross Income of imme	ediate family for 2023		\$
COPY OF COMPLET	E INCOME TAX RETU	IRN MUST BE INC	LUDED
2. AFDC, Welfare, Social Security			\$
COPY OF PAYMENT	SCHEDULE MUST BI	E INCLUDED	
3. Child Support for the year (if applicable)			\$
4. Income not included in	1, 2, & 3 (with identifi	cation of source)	\$
	Total lines 1, 2, 3 and	d 4	\$
Amount any child received t	oy grants, scholarships,	matching funds	
of employers, etc. (other than Rewald)			\$

Special	Financial	Problems:
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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 <u>Wednesday, April 24, 2024</u>.

Do not turn in original documents of the required tax forms, AFDC, Welfare, Social Security payment statements, etc. 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, 2024. 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.