

DONALD AND ROSELLA ECKERT TUITION SCHOLARSHIP FUND
Application for St. Charles Parishioners 2025-2026

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

I certify that the information provided is complete and accurate.

Signature of Parent or Guardian: _____

Signature of Principal: _____
