



**DONALD AND ROSELLA ECKERT TUITION SCHOLARSHIP FUND**  
**2026-2027 Application for**  
**St. Charles Parishioners**

**\*K5 - 8th grade families must apply for Rewald & / or Choice (if eligible to apply for Choice)**

**PARENT/GUARDIAN 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:**

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

