

**A.B. REWALD AND JEANNETTE REWALD
SCHOLARSHIP TRUST APPLICATION
K5 - 8th GRADE
TUITION AID FOR THE ACADEMIC YEAR 2026-2027**

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 - Thursday, April 23, 2026

Parents/Guardians 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: Burlington Catholic School Grade 2026-2027: _____

Applicant #2 _____

First Name Middle Name Last Name

Address: _____

Street City State Zip

Telephone Number: _____ Date of Birth: _____

Month Day Year

School: Burlington Catholic School Grade 2026-2027: _____

Applicant #3 _____

First Name Middle Name Last Name

Address: _____

Street City State Zip

Telephone Number: _____ Date of Birth: _____

Month Day Year

School: Burlington Catholic School Grade 2026-2027: _____

Applicant #4 _____

First Name Middle Name Last Name

Address: _____

Street City State Zip

Telephone Number: _____ Date of Birth: _____

Month Day Year

School: Burlington Catholic School Grade 2026-2027: _____

If more than four student applicants submit an additional sheet.

FAMILY INFORMATION

Father/Guardian of Student(s)

Place of Employment: _____

Occupation: _____

Mother/Guardian 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
_____	2026-27	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

FINANCIAL INFORMATION

Did you file an Income Tax return for 2025? Yes _____ No _____

1. Gross Income of immediate family for 2025 \$ _____

→ **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: _____

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
Thursday, April 23, 2026.**

**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, 2026. 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.**