

**A.B. AND JEANETTE REWALD SCHOLARSHIP TRUST
2021-2022**

INSTRUCTIONS

Please fill out this application completely. Applications submitted with questions unanswered will be disqualified. Return completed application to:

**Business Office
A.B. and Jeanette Rewald Scholarship Trust
Catholic Central High School
148 McHenry Street
Burlington, WI 53105**

The Selection Committee, as stated in the Trust Agreement, will make the final determination of awards. Awards may be used for tuition only.

PLEASE NOTE: If parents live in separate households but both are responsible for tuition payments, Rewald requires tax returns from both parties.

APPLICATION

Applications on this approved form are to be submitted to the CCHS Business Manager by **May 1, 2021**

Parents of Student(s):

Father: _____
First Name Middle Name Last Name

Address: _____
Street

City State Zip

Phone: _____
Home Work Cell

Mother: _____
First Name Middle Name Last Name

Address: _____
Street

City State Zip

Phone: _____
Home Work Cell

Student(s) for which aid is requested:

Applicant #1: _____
 First Name Middle Name Last Name

Address: _____
 Street

 City State Zip

Phone: _____

Applicant #2: _____
 First Name Middle Name Last Name

Address: _____
 Street

 City State Zip

Phone: _____

If you have more than two student applicants, submit on an additional sheet.

FAMILY INFORMATION

Father of Student(s) _____ e-mail address: _____

Place of Employment: _____

Occupation: _____

Parish: _____

Mother of Student(s) : _____ e-mail address: _____

Place of Employment: _____

Occupation: _____

Parish: _____

Guardian of Student(s): _____ e-mail address: _____

Place of Employment: _____

Occupation: _____

Parish: _____

List all dependents, including applicants, attending schools: (List should include college students if applicable). Be sure to list an accurate cost to family for each dependent!

<u>Name</u>	<u>Age</u>	<u>Grade @ 21-22 Yr.</u>	<u>School</u>	<u>Cost To Family * (must be included)</u>
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*Submit an additional sheet if needed.

FINANCIAL INFORMATION

Did you file an income tax return for 2020? Yes _____ No _____

Gross income of immediate family for 2020 (**COPY OF COMPLETE INCOME TAX RETURN WITH W-2 FORMS INCLUDED**) _____

AFDC, Welfare, Social Security (**COPY OF PAYMENT SCHEDULE MUST BE INCLUDED**) _____

Child Support for the 2020 year (if applicable)

Income not included in 1, 2, & 3 (with identification of source) _____

Total of lines 1, 2, 3, and 4: _____

Amount any child will receive from grants, scholarships, matching funds of employers, etc. for the 2021-2022 academic year:

Special Financial Problem (ex. added expenses, change in income, loss of job, etc.) if any:

I certify that the information provided is complete and accurate.

Signature of Parent(s)/Guardian(s)

Date