

# TRADITION OF FAITH SCHOLARSHIP RECIPIENT:

We know you value Christian education at the elementary level. We believe that a Catholic Christian high school education is equally valuable and integral to the development of every student. During the high school years students form deeper relationships, make important life choices, develop a worldview and make significant decisions about their faith.

The dedication and love you pour into our students every day is noticed and appreciated. Your tireless efforts build on the incredible legacy our teachers and administrators founded nearly 100 years ago. We want to show our appreciation by presenting you with the opportunity to send your legal dependent(s) to Catholic Central High School at no cost.

Tradition of Faith scholarship rewards the dependent(s) of any educator, administrator or paid full-time staff of one of the fourteen feeder parishes with paid tuition for up to four years.

## **Criteria and Benefits:**

- Must be full time staff serving/have served in the capacity of an educator, administrator or other role for four years at an eligible parochial elementary school (does not have to be four consecutive years).
- If your dependent(s) enters high school before your fourth year, your dependent(s) will be eligible for the Tradition of Faith scholarship provided you are under contract for the upcoming academic year.
- If at any point you leave the eligible parochial elementary school, either voluntary or involuntary, the dependent(s) will remain eligible for full tuition relief for the remainder of that school year.
- In order to participate, commitment to Catholic Central must be made prior to April 30th.
- All recipients must complete CCHS eligibility requirements for financial assistance which includes, but may not be limited to:
  - Wisconsin School Choice, Friends of Catholic Central, Rewald scholarship.
- Full tuition is awarded on a yearly basis based on eligibility.
- If a student is to repeat a year for academic reasons, a fifth year will not be awarded.
- If a student is to repeat a year for health reasons, a fifth year may be conditionally granted.

Final determination and conditions of disbursement for the Tradition of Faith scholarship will be made by the committee and administrator(s). The scholarship may be used for tuition only.

Tradition of Faith Scholarship  
Catholic Central High School  
Burlington, WI  
For the Academic Year 2025-2026

The Committee as stated in the Scholarship will make the final determination of disbursement. The Scholarship may be used for tuition only. **Applications must be submitted by the end of the school day - MAY 1, 2025.**

**APPLICATION**

Parents 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:**

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First Name	Middle Name	Last Name
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Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
2025-2026 school year

**Applicant #2:**

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First Name	Middle Name	Last Name
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Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
2025-2026 school year

**Applicant #3:**

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First Name	Middle Name	Last Name
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Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
2025-2026 school year

**Applicant #4:**

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First Name	Middle Name	Last Name
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Address: \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
2025-2026 school year

**If more than four student applicants submit an additional sheet.**

**FAMILY INFORMATION**

**Father of Student(s)**

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mother 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
_____		2025-26		\$ _____
_____				\$ _____
_____				\$ _____
_____				\$ _____
_____				\$ _____
_____				\$ _____

(If more than six, submit an additional sheet.)

**FINANCIAL INFORMATION**

Did you file an Income Tax return for 2024?      Yes \_\_\_\_\_      No \_\_\_\_\_

1. Gross Income of immediate family for 2024 (**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. (e.g. Friends of CCHS, Rewald)      \$ \_\_\_\_\_

**Special Financial Problems, if any:** \_\_\_\_\_

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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 MAY 1, 2025.**

**Do not send any originals of the required tax forms, AFDC, Welfare, Social Security payment statements, etc. SEND COPIES ONLY.**

The information submitted with the application will be held confidential. A family with more than one student in school can submit one set of documents.

**Those receiving aid will be notified after June 1, 2025.** The aid payment will be made to the student's school and the family's account will be credited accordingly.