

A.B. AND JEANETTE REWALD SCHOLARSHIP TRUST 2026-2027

INSTRUCTIONS

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

**Admissions 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 Admissions Director by **May 1, 2026.**

Student(s) for which aid is requested:

Applicant #1: _____
First Name _____ Middle _____ Last Name _____

Address: _____
Street _____

City _____ State _____ Zip Code _____

Phone: _____

Applicant #2: _____
First Name _____ Middle _____ Last Name _____

Address: _____
Street _____

City _____ State _____ Zip Code _____

Phone: _____

***If you have more than 2 student applicants please submit on an additional sheet.**

FAMILY INFORMATION

Father of Student(s) _____ email: _____

Home Address: _____

Phone Number: _____

Place of Employment: _____

Occupation: _____

Parish: _____

Mother of Student(s) _____ email: _____

Home Address: _____

Phone Number: _____

Place of Employment: _____

Occupation: _____

Parish: _____

Guardian of Student(s): _____ email: _____

Home Address: _____

Phone Number: _____

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.

*May submit additional sheet if needed

FINANCIAL INFORMATION

Did you file an income tax return for 2025? YES NO

Gross income of immediate family for 2025 (**COPY OF COMPLETE INCOME TAX RETURN WITH W-2 FORMS MUST BE INCLUDED**) _____

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

Child support for the 2024 school year (if applicable) _____

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

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

Amount any child will receive from grants, scholarships, matching funds of employers, etc. for the 2025-2026 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