

**A. B. REWALD AND JEANNETTE REWALD
SCHOLARSHIP TRUST**

APPLICATION FOR TUITION AID

FOR THE ACADEMIC YEAR 2018-2019

INSTRUCTIONS

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

ST. JOHN'S LUTHERAN SCHOOL
198 WESTRIDGE AVENUE
BURLINGTON, WI 53105

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

APPLICATION

Applications on this approved form are to be submitted no later than April 20, 2018.

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: _____
First Name Middle Name Last Name

Address: _____
Street City State Zip

Telephone Number: _____

Date of Birth: _____
Month Day Year

School: _____ Grade: _____
2018-2019 school year

Applicant #2: _____
First Name Middle Name Last Name

Address: _____
Street City State Zip

Telephone Number: _____

Date of Birth: _____
Month Day Year

School: _____ Grade: _____
2018-2019 school year

Applicant #3: _____
First Name Middle Name Last Name

Address: _____
Street City State Zip

Telephone Number: _____

Date of Birth: _____
Month Day Year

School: _____ Grade: _____
2018-2019 school year

If more than 3 student applicants, submit on additional sheet.

FAMILY INFORMATION

Father of Student(s)

Place of Employment: _____

Occupation: _____

Mother of Student(s)

Place of Employment: _____

Occupation: _____

All Dependants, including applicants, attending schools (include college students if applicable)

Name	Age	Grade 2018-2019 School yr.	School	Cost to Family
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

(If more than four, submit additional sheet.)

FINANCIAL INFORMATION

Did you file an Income Tax return for 2017? Yes ___ No ___

1. Gross Income of immediate family for 2017 (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. _____

Special Financial Problem, if any: _____

I certify that the information provided is complete and accurate.

Signature of Parent(s) Guardians(s)

Date