

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

**APPLICATION FOR TUITION AID**

**FOR THE ACADEMIC YEAR 2019-2020**

**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, 2019.*

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: \_\_\_\_\_  
2019-2020 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: \_\_\_\_\_  
2019-2020 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: \_\_\_\_\_  
2019-2020 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)

<b>Name</b>	<b>Age</b>	<b>Grade 2019-2020 School yr.</b>	<b>School</b>	<b>Cost to Family</b>
#1 _____	_____	_____	_____	_____
#2 _____	_____	_____	_____	_____
#3 _____	_____	_____	_____	_____
#4 _____	_____	_____	_____	_____

(If more than four, submit additional sheet.)

**FINANCIAL INFORMATION**

Did you file an Income Tax return for 2018? Yes \_\_\_\_ No \_\_\_\_

1. Total Income (line 6 of Federal 1040) \_\_\_\_\_

**COPY OF ENTIRE FEDERAL 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