

Charles A. Cutting Endowment Fund Application

Awarded by the Andover Educational Fund, PO Box 32 Andover, Maine 04216; Email: scholarship@andoveredfund.org

Please fill out this application and return to the above address on or before July 1.

Applicant Name _____	HS Grad Year _____
Street/PO Address _____	Year of Application 1st 2nd 3rd 4th _____
City/State/Zip _____	Date of Birth ____ / ____ / ____
Home Phone & Cell _____	Email _____
Student ID # _____	
School Attending _____	Email _____ Phone _____
Billing Address _____	Mailing Address _____
City/State/Zip _____	City/State/Zip _____
Parent Name(s) _____	Email _____ Phone _____
Parent Name(s) _____	Email _____ Phone _____

STUDENT ACKNOWLEDGEMENT OF RESPONSIBILITY...read below and initial here:	
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*Students are responsible for notifying the AEF if their contact information changes. Current year HS Grads and students who applied for funding the prior year will automatically receive an application, all others are responsible for contacting the AEF for an application on or by June 30th of submitting year. **This Application is due on, or post marked by, July 1st to the above address.** The student is responsible for returning to the AEF any refund check issued to the student by their school up to the amount provided by the AEF for scholarship through the Charles Cutting Endowment.*

The following documents are required to be submitted to the AEF before the scholarship check will be written and sent.

1st Year Students

College Acceptance Letter
 Financial Award Letter from school
 Bill from school
 Proof of residency letter

2nd + Year Applicants

Financial Award Letter from school
 Bill from school

Students may elect to chose reimbursement as long as the follow criteria are met.

- Off-campus housing fees - signed copy of lease by all inhabitants and landlord; school year months only (September-April) and receipt of payments made.
- Travel costs to/from home (gas/tolls) - cannot be combined with off-campus housing
- Books
- Uniforms
- Equipment required for training

Please note: Technology is ineligible.

The student must request a form for reimbursement and provide a receipt for the qualifying expenses for reimbursement listed above.

Student Signature: _____

Date: _____

AEF BOARD USE ONLY	
Date Application Received by AEF: ____ / ____ / ____	Comments: _____
Student Resident Years (= %): 100 75 50 25	
Student Need (Cost less Aid): \$ _____	Financial Award Year: 1st 2nd 3rd 4th _____
Total Student Award: \$ _____	Cutting Application (2024)