

## 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:

Students are responsible for notifying the AEF if their contact information changes. Only current-year HS Andover seniors will automatically receive an application; all others are responsible for contacting the AEF for an application on or by June 30th of the 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)