

Purpose: The Margaret J. Cutting Scholarship Fund is provided by the will of her daughter, Maebelle F. Cutting to provide post graduate education assistance to residents of Bakersfield and Franklin County.

Eligibility: **The Applicant must:**

1. be a resident of Bakersfield or Franklin County
2. have a good high school record
3. display a real and earnest desire for an education
4. demonstrate financial need
5. applying to a degree program at a college or university
6. provide three (3) letters of recommendation from non-family members (1st time applicant's only); subsequently 1 letter per application.
7. submit application and references to the Bakersfield Town Clerk by the deadline date in a sealed envelope marked "Margaret J. Cutting Scholarship".

PRIOR APPLICATION TO VSAC WOULD BE HELPFUL IN DETERMINING NEED. FAILURE TO COMPLY WITH ITEMS 1-7 MAY JEOPARDIZE ELIGIBILITY.

Scholarship Amount

The number of scholarships and award amounts vary from year to year depending on the proceeds from the fund. The scholarships will be awarded for tuition, books, board or lodging. Awards will be made co-payable to the student and the school, and sent directly to the applicant or the school. The amount awarded will be expended at the beginning of both semesters. Verification of continued enrollment in good standing will be needed before payment is made for the next semester.

Selection Process

Applications will be reviewed by the Scholarship Screening Committee with final selection made by the Trustees of Public Funds. Final selections will be based on eligibility requirements.

Repayment of Scholarships

Repayment of these scholarships is not mandatory but Section E of the Will establishing the Margaret J. Cutting Scholarship states: "Should any beneficiary of this trust desire to reimburse this fund for gifts or funds made available for his or her educational benefit, then I request that the Board of Trustees accept said payments and credit them to the principle of this trust."

**APPLICATION PROCESS**

Complete applications may be sent to: Margaret J. Cutting  
Bakersfield Town Clerk  
P.O. Box 203  
Bakersfield, Vt. 05441

Applications must be mailed in a sealed envelope and clearly marked "CUTTING SCHOLARSHIP APPLICATION."

**Applicant Deadline: A completed Application and supporting Materials must be received at the Town Clerk's Office by April 30, 2024 and will be awarded on or before June 15<sup>th</sup> 2024.**

APPLICANT INFORMATION

DATE: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First                      Middle Initial

\_\_\_\_\_  
Legal Residence                      City                      State

\_\_\_\_\_  
Mailing Address                      City                      State

\_\_\_\_\_  
Date of Birth

Phone Number \_\_\_\_\_

1. High School Graduate from \_\_\_\_\_  
Graduation Date \_\_\_\_\_

2. Name of College or University you plan to attend.  
\_\_\_\_\_

Major of study you plan to pursue: \_\_\_\_\_

3. Degree you are working toward. \_\_\_\_\_

4. What are your career goals. \_\_\_\_\_?

5. FINANCIAL INFORMATION Specify Time Period (i.e., semester, year)

A: Estimated resources		B: Estimated Costs	
Scholarship/Grants	\$ _____	Tuition & Fees	\$ _____
Personal Savings	\$ _____	Books	\$ _____
Work	\$ _____	Housing	\$ _____
TOTAL RESOURCES	\$ _____	TOTAL COSTS	\$ _____

6. SESSION SELECTION Half of the awarded scholarship will be paid per session. **PLEASE SELECT ONLY TWO OF THE FOLLOWING SESSIONS.**

FALL 2024 \_\_\_\_\_ SPRING 2025 \_\_\_\_\_ SUMMER 2025 \_\_\_\_\_

ADDITIONAL INFORMATION

Discuss briefly any circumstances which affect you (or your family's ability to pay for educational expenses (unusual debts, family size, loss of work, disability, etc.,))

SIGNATURE AND CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge.

Signature of Applicant

\_\_\_\_\_

Date \_\_\_\_\_