

**THE JOHN KIMBALL, Jr. MEMORIAL TRUST
LETTER OF REQUEST**

Date: _____

Name: _____

Street Address: _____

Town: _____ State: MA Zip: _____ Ph _____

Email Address: _____

Age* _____ Sex M/F _____ Position/ Affiliation: _____

Amount & Date Requested**: \$ _____ Date _____

Connection to Topsfield: _____

Description of Request: (including school and major if applicable)

Background: *Please explain in your own words why a grant should be made; use additional page if necessary*

Submit 3 copies by April 15 to: The John Kimball, Jr. Memorial Trust
c/o The Topsfield Historical Society
P.O. Box 323
Topsfield, Massachusetts 01983

* If under 18 include parent or guardian's name and address

** By submitting this Letter of Request you agree that, if an award is made, you will provide your Social Security or EIN number as is required by the Internal Revenue Service. The Trust will only use this information as required by the IRS.

01/26/2018