

**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 **THREE COPIES** (required) 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.