

**Town of Pittsfield  
Trustees of Trust Funds**

**The Foss Family Pittsfield Town Scholarship Fund  
Scholarship Payment Voucher**

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Recipient's name: \_\_\_\_\_

School name: \_\_\_\_\_

Address to mail  
scholarship check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Please include documentation (tuition bill or other official dated school document) to verify your current enrollment.

**Mail completed voucher to:**  
Cara Marston  
Pittsfield Trustees of Trust Funds  
85 Main Street  
Pittsfield, NH 03263

TTF payment processing ~	
Amount	_____
Check #	_____
Date	_____
Grant Year	_____