

**Town of Pittsfield
Trustees of Trust Funds
Scholarship Payment Voucher**

Please indicate which scholarship you are requesting your award from:

- District Nursing Trusts** _____
- Dr. F.B. Argue Memorial** _____
- Greater Pittsfield Citizen** _____
- Harvey A. Marston Memorial** _____
- Lt. John J. Dunne Memorial** _____
- Pittsfield VFW Post #4029** _____
- Sonia Robinson Trust** _____

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.

____ Please include documentation that you have successfully completed a semester of school and are in good standing.

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

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