



HANSON EDUCATION COMMITTEE

FUNDING REQUEST

Requestor: _____ Contact info: _____

Date: _____ Amount Requested: _____

1. Education facility where funds will be utilized or student attends:

2. State, briefly, how the funds will be used:

3. How will you determine if the project was a success upon completion?

4. By what date will you report back to us about the success or failure of this project?

Please attach a 1 page typed letter explaining your request with this application.

Send the completed request to the Selectman's Office, Hanson Town Hall, 542 Liberty St,
Hanson, MA 02341.

Applicant's signature: _____