



**Training and Seminar Funding Request Form**

Name \_\_\_\_\_ Position \_\_\_\_\_

School /Business \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

**Training requesting:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

(Please attach the seminar/training registration form. Attach cancelled check or credit card receipt if you have already paid for the seminar. )

**Registration Deadline:** \_\_\_\_\_

**Purpose for the training:** \_\_\_\_\_

How will this item enrich the education of Special Needs Student: \_\_\_\_\_

Other Organization (s) requested funding from: \_\_\_\_\_

Please mail the form to: PASE, Funding Request  
PO Box 3841, Nashua, NH 03061-3841 or  
Email to [noelmarcoux@aol.com](mailto:noelmarcoux@aol.com) with subject line: PASE Funding Request  
Any questions please call: Noel Marcoux at 603-888-5894  
Requests are reviewed the 15<sup>th</sup> and the 30<sup>th</sup> of each month.