Inland West Mission Center
YES Fund Grant Application **Deadline is June 1, 2018**

Name: _____
Last First Middle Initial

Age:_____ Phone: (___)_____

Email: _____

Address:_____

_____
City State Zip Code

Congregation:_____Pastor:_____

Parent/Guardian: _____

Event: (Circle One)

Red Cliffe Kids Camp
Echo Valley Youth Camp
Cascade Jr/Sr High Camp
Cheney Kids Camp
Echo Valley Reunion
Red Cliffe Reunion
Cascade Reunion
Samish Island Reunion

I am requesting funds because…

_____

Item	Amount
Activity Cost	$
Amount Provided by Applicant	$
Amount Provided by Congregation	$
Other source of Funds	$
Amount of Grant Requested	$

I believe this activity will benefit me by:

_____
_____
_____

I agree to go back to _____congregation and share my testimony of this experience!

_____ _____
Applicant Date Parent/Guardian

Please send completed applications to:
Please Mail by June 1, 2018

Inland West Mission Center
11515 East Broadway
Spokane Valley, WA 99206