

YES Fund Grant Application – SPEC

Please complete with information as it appears on your Government issued Photo ID.

Name: _____
Last First Middle Initial

Age: _____ Phone: (____) _____

Email: _____

Address: _____
Number and Street

City State Zip Code

Congregation: _____ Pastor: _____

Parent/Guardian: _____
Last First Middle Initial

I agree to:

- Return to my home congregation and share my experience.
- Share my experience in writing (reflection form provided at SPEC/IYF)
- Participate in a 20-hour Mission/Service Project depending on the level of funds requested.

For I am requesting YES Funds for the following:

____ Airfare

____ Registration

Registration Requests only:

Item	Amount
Registration Costs	\$
Amount Provided by Applicant	\$
Amount Provided by Congregation	\$
Other source of Funds	\$
Amount of Grant Requested	\$

Signatures:

 Applicant Date

 Parent/Guardian Date

 Pastor Date

Mail by **April 15, 2018**
 Inland West Mission Center
 11515 E. Broadway Ave.
 Spokane Valley, WA 99206
 Or e-mail sdecker@cofchrist-iwest.org