

## Inland West Mission Center YES Fund Grant Application

Please complete with information:

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 believe this activity will benefit me by:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I agree to go back to \_\_\_\_\_ congregation and share my testimony of this experience!

Signatures:

\_\_\_\_\_  
 Applicant Date

\_\_\_\_\_  
 Parent/Guardian Date

**Event: (Circle One)**

Red Cliffe Kids Camp

Echo Valley Reunion

Echo Valley Youth Camp

Red Cliffe Reunion

Cascade Jr/Sr High Camp

Cascade Reunion

Cheney Kids Camp

Samish Island Reunion

I am requesting funds because...

\_\_\_\_\_

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

Mail by **June 1, 2019** to: Inland West Mission Center  
 11515 E. Broadway Ave., Spokane Valley, WA 99206, Or e-mail [sdecker@cofchrist-iwest.org](mailto:sdecker@cofchrist-iwest.org)