

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).
- Participate in a 20-hour Mission/Service Project depending on the level of funds requested.

I am requesting YES Funds for the following:

_____ Airfare

_____ Registration

For 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, 2019
 Inland West Mission Center
 11515 E. Broadway Ave.
 Spokane Valley, WA 99206
 Or e-mail sdecker@cofchrist-iwest.org