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 24, 2024**

Inland West Mission Center

11515 E. Broadway Ave.

Spokane Valley, WA 99206

Or e-mail sdecker@cofchrist-iwest.org