

## 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, 2022**  
 Inland West Mission Center  
 11515 E. Broadway Ave.  
 Spokane Valley, WA 99206  
 Or e-mail [sdecker@cofchrist-iwest.org](mailto:sdecker@cofchrist-iwest.org)