

Inland West Mission Center
YES Fund Grant Application **Deadline is June 1, 2017**

Name: _____

Age: _____ Last _____ First _____ Middle Initial _____
 Phone: (____) _____

Email: _____

Address: _____

Number and Street

City

State

Zip Code

Congregation: _____ Pastor: _____

Parent/Guardian: _____

I believe this activity will benefit me by..

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

 Applicant Date

 Parent/Guardian

Please send completed applications to:
Please Mail by June 1, 2017

Inland West Mission Center
11515 East Broadway
Spokane Valley, WA 99206

Event: (Circle One)

Red Cliffe Kids Camp Cascade Junior Camp Echo Valley Reunion
 Echo Valley Youth Camp Cheney Kids Camp Red Cliffe Reunion
 Cascade Jr/Sr High Camp Cascade Reunion

 I am requesting funds because...

Item	Amount
Activity Cost	\$
Amount Provided by Applicant	\$
Amount Provided by Congregation	\$
Other source of Funds	\$
Amount of Grant Requested	\$