

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