Inland West Mission Center
YES Fund Grant Application

Name: _____
Last First Middle Initial

Age:_____ Phone: (___) _____

Email: _____

Address:_____
Number and Street

_____
City State Zip Code

Congregation:_____ Pastor:_____

Parent/Guardian: _____

Event: (Circle One)

Red Cliffe Kids Camp	Boise Junior Camp	Echo Valley Reunion
Echo Valley Youth Camp	Deary Junior Camp	Samish Island Reunior
Cascade Youth Camp	Cheney Primary Camp	Red Cliffe Reunion
Spectacular	Boise Primary Camp	Cascade Reunion

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

I am requesting funds because…

_____

_____

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 Date

Please send completed applications to:
Please Mail by June 1, 2010

Inland West Mission Center
Attention: John Chatburn
11515 East Broadway
Spokane Valley, WA 99206