Inland West Mission Center
Y.E.S. FUND GRANT APPLICATION Please Print!

Mail Completed Forms to: John Chatburn 4010 Drumm Ave., Independence, MO 64055-4259
Email: jchatburn@cofchrist.org

Name: _____
Last First Nickname
Parent/Guardian Name: _____

Address: _____

City: _____ State:_____Zip:_____

Age: _____ Congregation:_____

Name of Pastor: _____ Name of Youth Minister: _____

Funds Requested For What Event:
(SPEC / INTERNATIONAL YOUTH FESTIVAL / YOUTH CAMP / JUNIOR CAMP / PRIMARY CAMP / REUNION / RETREAT)

Activity Cost $_____ Amount Provided by Applicant? $_____ ____

By Congregation (including fundraising)? $_____ Other?: _____

Amount of Grant Requested: $_____

I am requesting these funds because…
_____
_____
_____

I believe that this activity will benefit me by…
_____
_____
_____

I agree to go back to _____congregation/gathering and share my testimony of this experience!

_____ _____

Applicant Date Parent/Guardian Date

Activity Director Signature:	
Pastor Signature (if requested):	
Mission Center Approval: Yes / No	By:
Amount of Award: $	Disbursement Date: