***Inland West Mission Center***

***Y.E.S. FUND GRANT APPLICATION For SPEC Please Print!***

**Mail** Completed Forms to: Inland West Mission Center 11515 E Broadway Ave., Spokane Valley, WA 99206
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: **(SPEC / INTERNATIONAL YOUTH FESTIVAL**

Activity Cost $____635.00 + travel_____ Amount Provided by Applicant? $_____ ____

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

Amount of Grant Requested: $__AIRFARE/TRAVEL__

I am requesting these funds because…
The Mission Center has agreed to pay the travel funds for each participant to insure equality in the expense of this event.

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

| | |
|---|---|
| Mission Center Approval: Yes / No | By: |
| Amount of Award: $ | Disbursement Date: |

***Please notify your local SPEC Rep upon completion of this application!***

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