

**U.S. MISSIONS / TEEN CHALLENGE  
APPLICATION FOR SPEED THE LIGHT GRANT**

Application Number \_\_\_\_\_

Teen Challenge Center Name \_\_\_\_\_ Account Number \_\_\_\_\_

Location/Address of Center \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Number of live-in residents: \_\_\_\_\_  
(does not include staff)

Name/Signature of Director: \_\_\_\_\_

When was the last time the Center received STL assistance? \_\_\_\_\_  
\_\_\_\_\_

Place a  by the vehicle desired. \_\_\_\_\_ NEW \_\_\_\_\_ USED

\_\_\_\_\_ People Mover \_\_\_\_\_ 12 passenger van  
\_\_\_\_\_ Shuttle Bus \_\_\_\_\_ minivan  
\_\_\_\_\_ Bus (number of passengers)

Type of vehicle \_\_\_\_\_  
(year, make, model, options, number of passengers)

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**DISTRICT APPROVAL - INCLUDING PLEDGING OF FUNDS FOR GRANT**

District Name \_\_\_\_\_

District Superintendent \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

District U.S. Missions Director \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

District Youth Director \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

COMMENTS / SUGGESTIONS \_\_\_\_\_

Teen Challenge International, USA \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

**U.S. MISSIONS / SPEED THE LIGHT COMMITTEE APPROVAL** Approval Date: \_\_\_\_\_

8/15/03

Mail completed application (after district signatures are obtained) to Teen Challenge, P. O. Box 1015, Springfield, Missouri 65801  
or fax to 417 862 8209