

**GREEN LAKE CONFERENCE CENTER  
Adult Scholarship Application**



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you 19 years of age or older?       YES    NO

Is this your first conference at Green Lake?       YES    NO

Church Name: \_\_\_\_\_

Church City & State: \_\_\_\_\_

Conference Attending: \_\_\_\_\_

Arrival Date (Month/Day/Year): \_\_\_\_\_

Departure Date (Month/Day/Year): \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Where are you staying? \_\_\_\_\_

Group Leader's Name (if applicable): \_\_\_\_\_

Group Leader's Phone Number: \_\_\_\_\_

**Send application to:  
Pat Zimmer  
Green Lake Conference Center  
W2511 State Rd. 23  
Green Lake, WI 54941**

**PatZ@glcc.org  
(920) 294-7365**