

**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:
Brenda Morrell
Green Lake Conference Center
W2511 State Rd. 23
Green Lake, WI 54941**

**BrendaMorrell@glcc.org
(920) 294-7345**