Location: 1503 NC hwy 62 east Climax, nc 27233 (336) 674-2321



Contact Information: Email: registrations@quakerlakecamp.org Phone: (336) 674-2321 Fax: (336) 674-8656 Quakerlakecamp.org

Quaker Lake Camp Scholarship Application 2025

Scholarships are available to campers who meet special criteria. It is our sincere desire that no child be denied the opportunity to attend summer camp because of financial limitations; however, the amount of assistance available is limited, so we can make no guarantees. If you feel your child qualifies for a camp scholarship, please fill out the application below with as much detail as possible.

Please submit this application to the email or mailing address listed above.

If you would benefit from a digital application please let us know.

General Information

Child's Name		
(First)	(Last)	(Preferred)
Address		
City	State	Zip
Home # ()	Email	
Father's Name	Work # ()	Cell # ()
Mother's Name	Work # ()	Cell # ()
Parents/Guardians with Legal Custody		
Address/Phone (if different)		
Does this camper regularly attend a Quaker M If yes, name of meeting?		

Please indicate which camp session your child is registered to attend:

		2025 Summer Schedule		
Session A	Ages 3-6	Tuesday, June 10	\$65	
Session B	Ages 7-9	Wednesday, June 11 - Saturday, June 14	\$285	
Session C	Ages 11-13	Sunday, June 15 - Saturday, June 21	\$500	
Session D	Ages 8-10	Sunday, June 22 - Friday, June 27	\$420	
Session E	Ages 15-17	Sunday, July 6 – Friday, July 11	\$500	
Session F	Ages 11-13	Sunday, July 13 - Saturday, July 19	\$500	
Session G	Ages 13&14	Sunday, July 20 - Saturday, July 26	\$500	
Session H	Ages 8-10	Sunday, July 27 - Friday, Aug. 1	\$420	

Financial Information Annual gross household income (before taxes) Total number of individuals in household How much assistance are you requesting? If you regularly attend a Quaker meeting, is your meeting able to provide any assistance? □ yes □ no If yes, how much?_____ Why do you feel your child needs a scholarship? Please use the space below or attach a separate sheet for explanations or special circumstances you feel should be taken into account when your child's application is reviewed. I certify that all information included in this application is complete and accurate to the best of my knowledge. Parent/Guardian Signature______ Date____