

Location:  
1503 NC hwy 62 east  
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(336) 674-2321



Contact Information:  
Email: [registrations@quakerlakecamp.org](mailto:registrations@quakerlakecamp.org)  
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[Quakerlakecamp.org](http://Quakerlakecamp.org)

## Quaker Lake Camp Scholarship Application 2026

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 mailing address listed above.

### 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 Meeting? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, name of meeting? _____			

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

### 2026 Summer Schedule

___ Session A	Ages 3-6	Tuesday, June 9	\$65
___ Session B	Ages 7-9	Wednesday, June 10 – Saturday, June 13	\$285
___ Session C	Ages 11-13	Sunday, June 14 – Saturday, June 20	\$540
___ Session D	Ages 8-10	Sunday, June 21 – Friday, June 26	\$460
___ Session E	Ages 15-17	Sunday, July 5 – Friday, July 10	\$540
___ Session F	Ages 11-13	Sunday, July 12 – Saturday, July 18	\$540
___ Session G	Ages 13&14	Sunday, July 19 – Saturday, July 25	\$540
___ Session H	Ages 8-10	Sunday, July 26 – Friday, July 31	\$460

## 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 \_\_\_\_\_