



Office Use Only	
\$ _____	one week
\$ _____	two weeks

**2019 Ranachqua Foundation Boy Scout Campership Application**

Boy Scouts registered in Bronx Troops may receive a grant of up to \$200.00 per week. This amount is based on GNYC early bird fee paid by May 31st. Assistance may be requested for up to two weeks for each Boy Scout attending a regular TMR session, Provisional or Specialty Camp. Apply for a GNYC campership before submitting a Ranachqua Foundation application. Complete the entire RF application, including signatures. Incomplete applications will be denied. Request for a grant is reviewed on a case-by-case basis. It is not based solely on income.

**Ranachqua Foundation deadline is May 31.**

Name of Scout \_\_\_\_\_ Troop No. \_\_\_\_\_  
(Print Scout full name - Last, First Name, optional middle initial)

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (M/D/Y) Scout Rank \_\_\_\_\_ School grade in Sept 2019 \_\_\_\_\_

Unit chartered to \_\_\_\_\_

1st week: \_\_\_\_\_ (M/D/Y) to \_\_\_\_\_ (M/D/Y)  Aquehonga  Keowa  Ranachqua  Provisional  Specialty

2nd week: \_\_\_\_\_ (M/D/Y) to \_\_\_\_\_ (M/D/Y)  Aquehonga  Keowa  Ranachqua  Provisional  Specialty

Which specialty camp? \_\_\_\_\_

Name of father/guardian \_\_\_\_\_ annual gross income 

\$										.	0	0
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Name of mother/guardian \_\_\_\_\_ annual gross income 

\$										.	0	0
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How many adults are living in the home \_\_\_\_\_ How many children are living at home, and their ages \_\_\_\_\_

Name(s) of siblings attending TMR or Alpine \_\_\_\_\_ Troop or Pack No. \_\_\_\_\_

Parent/Guardian email address. **PLEASE PRINT CLEARLY.** Please provide your email address for grant decision notification.

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Father/Guardian signature \_\_\_\_\_ Mother/Guardian signature \_\_\_\_\_

GNYC receipt number, **NOT** the account number for the \$40.00 deposit (1 week) or \$80.00 deposit (2 weeks) # \_\_\_\_\_

	One Week	Two Weeks	Specialty Camp
Cost of camp per week (early bird fee by May 31 <sup>st</sup> )	<b>\$430.00</b>	<b>\$860.00</b>	<b>\$445.00</b>
Less deposit paid/ per week	\$ _____	\$ _____	\$ _____
Less all amounts <b>GRANTED</b> and <b>DISCOUNTED</b> by GNYC	\$ _____	\$ _____	\$ _____
Less the amount requested from Ranachqua Foundation	\$ _____	\$ _____	\$ _____
Balance amount which is Parent/Guardian responsibility	\$ _____	\$ _____	\$ _____

<b>Campership grants are based on paying the early bird fees by May 31</b>
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Financial reason for the campership request, include details. (DO NOT LEAVE THIS SECTION BLANK).

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Ranachqua Foundation was established in 1948 by former Bronx Boy Scouts who during the summer months attended the Ten Mile River Scout Camps in the 1930's. The summer camp experience provided them with early leadership opportunities that, to a large degree, significantly affected their lives. This group, a few at first, grew while they worked together each summer and moved into staff positions at camp.

Wanting to encourage others to partake in this program, they raised funds to provide campership money for Bronx Boy Scouts who would otherwise not be able to attend. Currently, we assist in providing the opportunity for several hundred boys to attend the Ten Mile River Scout Camps and Alpine Cub World each summer.

Membership information is available by writing to:

Ranachqua Foundation  
1732 Astor Avenue  
Bronx, NY 10469  
(718) 798-3932  
[Ranachquafound@aol.com](mailto:Ranachquafound@aol.com)

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**\*\*\*\*\*To be completed by the Scoutmaster\*\*\*\*\***

Name of Boy Scout \_\_\_\_\_ Troop No. \_\_\_\_\_  
(Print Scout full name - Last, First Name, optional middle initial)

Information on page 1 has been verified by the Scoutmaster \_\_\_\_\_  
(Print Scoutmaster full name - Last, First Name, optional middle initial)

Signature of Scoutmaster \_\_\_\_\_

Scoutmaster Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Scoutmaster email. **PLEASE PRINT CLEARLY.** Please provide your email address for grant decision notification.

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**FILING DEADLINE May 31st**

Please forward completed application to:  
Ranachqua Foundation Campership Committee  
c/o Tom Ciccotelli  
1732 Astor Avenue  
Bronx, NY 10469

**Questions: [rfcampership@gmail.com](mailto:rfcampership@gmail.com)**

**Before you send in your application, be sure that:**

- \_\_\_\_\_ You have applied for a GNYC campership first
- \_\_\_\_\_ All questions on the application have been answered and are legible
- \_\_\_\_\_ Application is signed by a parent/guardian on page 1
- \_\_\_\_\_ The information is verified and signed by the Scoutmaster on page 2
- \_\_\_\_\_ Be sure to submit pages 1 and 2

Need applications?

You may download the application at [www.ranachquafoundation.org](http://www.ranachquafoundation.org). Or you may contact GNYC Camping Services at (212) 651-3073.