



<b>Office Use Only</b>	
\$ _____	one week
\$ _____	two weeks

**2022 Ranachqua Foundation Scout Campership Application**

Scouts in Bronx SCOUTS BSA troops may receive a grant of up to \$250 per week. The amount is based on the GNYC early bird fee if registration deposit is paid by March 1<sup>st</sup>. Assistance may be requested for up to two weeks for each 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 for submission is March 31<sup>st</sup>.**

**Scout Information:**

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

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Current Scout Rank: \_\_\_\_\_ School Grade Level: \_\_\_\_\_  
m/d/y as of start of current school year

Troop Chartered to Organization or Sponsor: \_\_\_\_\_  
(e.g. school, church, synagogue, club)

**Camp Information:**

<b>1<sup>st</sup> Camp Week</b>		<b>2<sup>nd</sup> Camp Week</b>	
From: (m/d/y) _____	<b>Cost of Camp</b> (\$500 Specialty/Trek (\$550), Scuba(\$750), NYLT(\$460) \$ _____	From: (m/d/y) _____	<b>Cost of Camp</b> (\$500 Specialty/Trek (\$450), Scuba(\$750), NYLT(\$460) \$ _____
To: (m/d/y) _____		To: (m/d/y) _____	
<b>Camps:</b>	Less all amounts <b>GRANTED</b> or <b>DISCOUNTED</b> by GNYC \$ _____	<b>Camps:</b>	Less all amounts <b>GRANTED</b> or <b>DISCOUNTED</b> by GNYC \$ _____
<input type="checkbox"/> Aquehonga	Less Deposit Paid \$ _____	<input type="checkbox"/> Aquehonga	Less Deposit Paid \$ _____
<input type="checkbox"/> Keowa	Less the amount requested from Ranachqua Foundation \$ _____	<input type="checkbox"/> Keowa	Less the amount requested from Ranachqua Foundation \$ _____
<input type="checkbox"/> Ranachqua		<input type="checkbox"/> Ranachqua	
<input type="checkbox"/> Provisional	Balance amount Parent or Guardian Responsibility \$ _____	<input type="checkbox"/> Provisional	Balance amount Parent or Guardian Responsibility \$ _____
<input type="checkbox"/> Specialty		<input type="checkbox"/> Specialty	

GNYC receipt number, NOT the account number for the \$50.00 deposit (1 week) or \$100.00 deposit (2 weeks) \_\_\_\_\_

**Financial and Family Information:**

Parent or Guardian #1 Name: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ . 0 0

Father, mother or other guardian - Last, First Name, optional Middle Name or initial

Parent or Guardian #2 Name: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ . 0 0

Father, mother or other guardian - Last, First Name, optional Middle Name or initial

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

# of Adults Living at Home: \_\_\_\_\_ # of Children Living at Home: \_\_\_\_\_ *Please list Scout's siblings living at home below:*

Name: _____	Name: _____	Name: _____	Name: _____
Age: _____ Troop or Pack # _____	Age: _____ Troop or Pack # _____	Age: _____ Troop or Pack # _____	Age: _____ Troop or Pack # _____
<input type="checkbox"/> Attending TMR or Alpine	<input type="checkbox"/> Attending TMR or Alpine	<input type="checkbox"/> Attending TMR or Alpine	<input type="checkbox"/> Attending TMR or Alpine

**Financial reason for the campership request, include details. (DO NOT LEAVE THIS SECTION BLANK).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures:**

Parent or Guardian #1 \_\_\_\_\_ Parent or Guardian #2 \_\_\_\_\_ Date: \_\_\_\_\_

