



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

2024 Ranachqua Foundation Cub Scout Campership Application

Cub Scouts and Webelos registered in Bronx packs may receive a grant of up to **\$260** per week, or **\$155** per session. The amount is based on the GNYC early bird fee if registration deposit is paid by February 1st. Assistance may be requested for up to two weeks (four sessions) for each Cub Scout or Webelos attending Cub World sessions. Applicant **MUST** apply for a GNYC campership before submitting a Ranachqua Foundation application. Complete the entire RF application, including signatures. Request for a grant is reviewed on a case-by-case basis. It is not based solely on income.

Incomplete applications will be denied. Ranachqua deadline for submission is March 15th.

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

Unit Chartered to Organization or Sponsor: _____
(e.g. school, church, synagogue, club)

Camp Information:

			From (m/d/y)	To (m/d/y)	Cost of Camp	Half Week 310.00	Full Week 480.00
Week 1	<input type="checkbox"/> Session A	<input type="checkbox"/> Session B	_____	To _____	Less Amount Discounted or Granted By GNYC	_____	_____
Week 2	<input type="checkbox"/> Session A	<input type="checkbox"/> Session B	_____	To _____	Less Deposit Paid	_____	_____
Week 3	<input type="checkbox"/> Session A	<input type="checkbox"/> Session B	_____	To _____	Less Amount Requested from Ranachqua Foundation	_____	_____
Week 4	<input type="checkbox"/> Session A	<input type="checkbox"/> Session B	_____	To _____	Balance of Parent Responsibility	_____	_____
Week 5	<input type="checkbox"/> Session A	<input type="checkbox"/> Session B	_____	To _____		_____	_____

GNYC receipt number, NOT the account number for the \$60.00 deposit (Session A, or Session B, or Full Week) _____

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, must include details. (DO NOT LEAVE THIS SECTION BLANK).

Signatures:

Parent or Guardian #1 _____ Parent or Guardian #2 _____ Date: _____

