

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

## 2025 Ranachqua Foundation Scout Campership Application

Scouts in **Scouting America** Bronx troops may receive a grant of <u>up to</u> \$325/week Regular Session or \$350/week for Specialty Camps. The amount is based on the GNYC early bird fee if registration deposit is paid by Feb. 1<sup>st</sup>. Assistance may be requested for up to 2 weeks for each Scout attending a regular TMR session, Provisional or Specialty Camp. Applicant MUST apply for a GNYC campership <u>before</u> submitting a Ranachqua Foundation application. Complete the entire RF application, including signatures. Request for a grant is reviewed on a case-by-case basis; not based solely on income.

INCOMPLETE APPLICATIONS WILL BE DENIED Application MUST be RECEIVED by March 22, in order to receive notice of RF campership amount BEFORE the GNYC Early Bird payment deadline.

Scout Information:	cive flotice of	Kr Campersnip amoun	t DEI OKE the Of	VIC Larry Bird payi	nent deadine.
Name of Scout:				Troop I	Vo.:
	(Print Scout	t 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:	
Troop Chartered t	m/d/y o Organization (	or Snonsor			as of start of current school y
rroop chartered t	o organization (		school, church, synagog	rue, club)	
Information			, 00		
mp Information:	1 <sup>st</sup> Camp V	Veek		2 <sup>nd</sup> Camp V	Veek
rom: (m/d/y)	-	np (\$650, \$660)	From: (m/d/y)	•	<b>p</b> (\$650, \$660)
O: (m/d/y)	Specialty/Trek & pre	ovisional (\$700/\$750), on/Scuba(\$685-\$950) \$	To: (m/d/y)	Specialty/Trek & pro	visional (\$700/\$750), n/Scuba(\$685-\$950) \$
Camps:	_	· · · · · · · · · · · · · · · · · · ·			· · · · —
Aquehonga		ounts <u>GRANTED</u> or <u>OUNTED</u> by GNYC	Aquehor		unts <u>GRANTED</u> or <u>DUNTED</u> by GNYC \$
Keowa		Less Deposit Paid \$	Keowa		Less Deposit Paid \$
Provisional	Less the amou Rana	nt requested from S	Provision	Less the amour Ranao	t requested from S
Specialty	Balance amount F	Parent or Guardian Responsibility \$	Specialty	Balance amount P	arent or Guardian \$ Responsibility
inancial and Family Ini		unt number for the \$65.00 dep	osit (1 week) of \$130.t	oo deposit (2 weeks)	
Parent or Guardian #1 Name	:	Aı	nnual Income: \$		. 0 0
Father, mother or other g	uardian - Last, First N	ame, optional Middle Name or initial			
Parent or Guardian #2 Name:	:	An	nual Income: \$		. 0 0
•		ame, optional Middle Name or initial			
Parent/Guardian em	ail address. PLEA	SE PRINT CLEARLY. Please	provide your email a	ddress for grant decision	notification.
# - CA 1 1 - T * * ·		# .CO.31T	4 77	DI	
# of Adults Living	g at ноme:	# of Children Living a			lings living at home below
Name: Troop	or	Name: Troop or	Name:	Troop or	Name: Troop or
Age: Pack#		Age: Pack#	Age:	Pack#	Age: Pack#
Attending TMR	or Alpine	Attending TMR or Alpine	Attendir	ng TMR or Alpine	Attending TMR or Alpine
Financial reason fo	r the campership	request, must include deta	ils. (DO NOT LEAVE	THIS SECTION BLANK	).
_					
-					
ignatures:					
Parant or Guardian t		5 .	or Guardian #2		Data:



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. In 2024, we topped a total of over ONE MILLION DOLLARS in in camperships awarded to scouts to attend the Ten Mile River Scout Camps and Alpine Cub World summer camps.

Membership information is available by writing to:

Rananchqua Foundation 1732 Astor Avenue Bronx, NY 10469 (718) 798-3932 Rananchquafound@aol.com

## To be completed by the Scoutmaster

Scout Information:										
Name of Scout:				Troop No.:						
Scoutmaster Information	on:									
Name of Scoutmaster:										
		(Print Scoutmaster full name - Last, First Name, optional middle initial)								
Street Address:				Apt. No.:						
City	State:	Zip:	Cell Phone:	Home Phone:						
Scoutmaster email address. PLEASE PRINT CLEARLY. Please provide your email address for grant decision notification.										
Scoutmaster's Certification All Information has been verified by the Scoutmaster										
Signature:				Date:						

## FILING DEADLINE March 22 to receive notice of RF campership amount BEFORE GNYC Early Bird deadline.

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

Questions: campership@ranachquafoundation.org

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

- You have applied for a GNYC campership first
- c 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
- C Be sure to submit pages 1 and 2

Need applications?

You may download the application at www.ranachquafoundation.org.