| Office Use Only |
|---|
| $ _____ per week |
| $ _____ per session |

# 2016 Ranachqua Foundation Cub Scout Campership Application

Cub Scouts and Webelos registered in Bronx packs may receive a grant of up to $190.00 per week or $110.00 per session. The amount is based on GNYC early bird fee paid by May 31st. Assistance may be requested for up to two weeks (four sessions) for each Cub Scout or Webelos attending Cub World sessions. 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 Cub Scout / Webelos _____ Pack No. _____
(Print Cub Scout / Webelos full name – Last Name, First Name, optional middle initial)

Address _____ Apt _____

City _____ State _____ Zip _____ Parent Home Phone _____ Parent Cell Phone _____

Date of Birth: _____ (M/D/Y) Cub Scout Rank _____ School grade in Sept. 2016 _____

Unit Charted to _____

| | | | | |
|---|---|---|---|---|
| Week 1 | ☐ Session A | ☐ Session B | From: _____ (M/D/Y) | To: _____ (M/D/Y) |
| Week 2 | ☐ Session A | ☐ Session B | From: _____ (M/D/Y) | To: _____ (M/D/Y) |
| Week 3 | ☐ Session A | ☐ Session B | From: _____ (M/D/Y) | To: _____ (M/D/Y) |
| Week 4 | ☐ Session A | ☐ Session B | From: _____ (M/D/Y) | To: _____ (M/D/Y) |
| Week 5 | ☐ Session A | ☐ Session B | From: _____ (M/D/Y) | To: _____ (M/D/Y) |

Name of Father / Guardian _____ annual gross income $ _____ . 0 0

Name of Mother / Guardian _____ annual gross income $ _____ . 0 0

How many adults are living in the home? _____ How many children are living in the home, and their ages ? _____

Name(s) of siblings attending TMR or Alpine camp _____ Troop or Pack No. _____

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

Father / Guardian signature _____ Mother / Guardian signature _____

GYNC receipt number, **NOT** the account number for the $25.00 deposit (Session A or Session B) # _____

| | Half Week | Full Week |
|---|---|---|
| Cost of camp per week (early bird fee by May 31st) | $ 225.00 | $ 385.00 |
| Less deposit paid/ per week | $ 25.00 | $ 25.00 |
| Less the amount **GRANTED** from GNYC | $ _____ | $ _____ |
| Less the amount requested from Ranachqua Foundation | $ _____ | $ _____ |
| Balance amount which is Parent/Guardian responsibility | $ _____ | $ _____ |

**Camperships grants are based on paying the early bird fees by May 31.**

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



**Do not submit this form without pages 1 & 2**

Ranachqua Foundation was established in 1948 by Bronx Boy Scouts who during the summer months attended the Ten Mile River Scout Camps in the 1930s. 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

Rananchquafound@aol.com

## To be completed by the Cubmaster

Name of Cub Scout / Webelos _____ Pack No. _____
(Cub Scout / Webelos full name – Last Name, First Name, optional middle initial)

Information on page 1 has been verified by the Cubmaster _____
(Print Cubmaster full name – Last Name, First Name, optional middle initial)

Signature of Cubmaster_____

Cubmaster Home Address _____ Apt _____

City_____ State _____ Zip _____ Cell Phone Number _____ Home Phone Number _____

Cubmaster 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 Michael J. Herbert
1732 Astor Avenue
Bronx, NY 10469

**Questions: rfcampership@yahoo.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 Cubmaster on page 2
- ☐ Be sure to submit pages 1 and 2

## Need applications?

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



**Do not submit this form without pages 1 & 2**