

TEN MILE RIVER SCOUT CAMP

CAMPERSHIP APPLICATION for HUDSON VALLEY COUNCIL SCOUTS

Parents/Leaders we are glad to share with you that Ten Mile River Scout Camp has been able to secure a limited number of scholarships for Scouts attending our camps.

Please fill out all questions pertaining to information about the Unit, Camper, Parent(s), and Family below. Your completed form will expedite the process in getting you an awarded amount quickly.

Unit Leaders are required to collect applications and a (non-refundable) deposit of \$45 per camper, per week/session for each application submitted. This will eliminate incomplete applications, payment confusion and delays. **Check can be made payable to : GNYC, BSA. All forms are to be mailed to the GNYC office before May 1st.**

PRINT LEADER NAME: _____ **Contact #** _____ **Email:** _____

District: _____ **UNIT TYPE:** Scout Troop Venture Crew **UNIT #:** _____

CAMP DATES AND FEES: *All prices below are effective until May 1st. After May 1st late fee charge will apply.*

TEN MILE RIVER (1-6701-701-21)

Ten Mile River - \$440 per week
 Provisional Troop - \$440 per week
 Week 1 July 5 - 11
 Week 2 July 12 - 18 Aquehonga
 Week 3 July 19 - 25 Keowa
 Week 4 July 26 - August 1 Ranachqua
 Week 5 August 2 - August 8
 Week 6 August 9 - August 15

SPECIALTY CAMP (1-6701-701-21)

Ten Mile River Trek - \$455/week
Ten Mile River Specialty Camps - \$455/week
 TMR Provisional Troop (Keowa Weeks - 1,2,3,4,5)
 NYLT (Alpine July 5-11)
 Eagle Camp (Keowa Weeks 1-5)
 STEM Camp (Ranachqua Week 4)
 Eagle Camp (Ranachqua Week 5)
 SCUBA Adventure (Keowa Weeks 2 or 5)
 Eagle Camp (Aquehonga Week 6)
 BSA Lifeguard Camp (Ranachqua Week 6)

CAMPER INFORMATION (Print Clearly):

First Name: _____ **Last Name:** _____ **Date of Birth:** _____
Address: _____ **Apt. #** _____ **City:** _____ **State:** _____ **Zip:** _____
School Attending: _____ **Scout Rank** _____ **Grade:** _____

PARENT/GUARDIAN INFORMATION (Print Clearly):

First Name: _____ **Last Name:** _____
Address: _____ **Apt. #** _____ **City:** _____ **State:** _____ **Zip:** _____
Contact #: _____ **Contact #:** _____
Email: _____
Alternate Contact First Name: _____ **Last Name:** _____
Contact #: _____ **Email:** _____

FAMILY INCOME: Total yearly income must reflect all types of income: salary, unemployment, pensions, alimony, etc. for all family members. Financial hardship must be specified. Your application will be denied if hardship is not explained or if the campership amount is blank.

GNYC Amount Approved for Office Use Only

Total Yearly Income for house hold (Gross): \$ _____ *Campership Amount Requested \$ _____

Number of Family Members Residing at Home: _____ Adults _____ Children # of children attending Scout camp _____.

Briefly Explain Hardship: _____



