



THE COMMUNITY FOUNDATION

Algonquin Campership Award

2021 APPLICATION FOR GROUP FINANCIAL ASSISTANCE

Submission Deadline: February 1, April 1, June 1

(application must be submitted 8 weeks prior to the trip)

Include with this application:

1. Completed Group Member Demographic Information Form (page 2)
2. Copy of Camp Invoice
3. Statement describing the demographic characteristics of the school/organization and community (page 3)
4. One or more group projects describing what the member hopes to experience from going to a wilderness camp

(Please contact the Community Foundation to discuss before completing this application, see below)

Submit completed application to the at the Community Foundation, 500 East Avenue, Rochester, NY 14607

Trip Leader Name: _____ School/Organization: _____

Address: _____ Telephone Number: (____) _____

_____ Email: _____

Trip Dates: _____ Total Request: \$ _____ # Youth: _____

What expenses will the grant cover: _____

Who should the grant check be sent to: _____

(must be a 501(c)(3) organization)

Address: _____

Group Name: _____

Describe the group: _____

Describe the GOAL of the Group's visit to Algonquin Park: _____

Note to Advisors:

Prior to submitting this application, please contact the Scholarship Associate at Scholarships@racf.org to discuss your group application to the Algonquin Campership Fund.



THE COMMUNITY FOUNDATION

Algonquin Campership Award

APPLICATION FOR GROUP FINANCIAL ASSISTANCE

Group Member Demographic Information Form

Please list the group members who wish to attend wilderness camp at Algonquin Park below (attach additional list if necessary):

	Name	Grade / Age	Gender	Ethnicity
1.	_____	_____/____	_____	_____
2.	_____	_____/____	_____	_____
3.	_____	_____/____	_____	_____
4.	_____	_____/____	_____	_____
5.	_____	_____/____	_____	_____
6.	_____	_____/____	_____	_____
7.	_____	_____/____	_____	_____
8.	_____	_____/____	_____	_____
9.	_____	_____/____	_____	_____
10.	_____	_____/____	_____	_____
11.	_____	_____/____	_____	_____
12.	_____	_____/____	_____	_____
13.	_____	_____/____	_____	_____
14.	_____	_____/____	_____	_____
15.	_____	_____/____	_____	_____



THE COMMUNITY FOUNDATION
Algonquin Campership Award

SCHOOL/ORGANIZATION AND COMMUNITY DEMOGRAPHIC INFORMATION

This information is being gathered for the sole purpose of understanding your school/organization and community.

Instructions: In the space below or on an attached sheet, please share demographic information about your school/organization and the surrounding community. Include information such as racial/ethnic, gender, cultural, and socioeconomic characteristic, community based needs, percentage of youth receiving free and reduced lunches, and other information specific to your school/organization and community.

School/Organization name: _____

Community/City/County: _____



THE COMMUNITY FOUNDATION

Algonquin Campership Award Group Member Information Form

(use this form only if requesting support for specific individuals in the group)

This information is being gathered for the sole purpose of determining the group's eligibility for a grant.

Return completed form to the Trip Leader of the coordinating organization to be submitted with the group application

Name of group member: _____

Address: _____

Parent or guardian's name: _____

Gross income of the household last year (check one)

- \$0 - \$20,000
- \$20,000 - \$40,000
- \$40,000 - \$60,000
- \$60,000 - \$80,000
- \$80,000 - \$110,000
- more than \$110,000

How many persons live in the household of the group member? _____

Of the persons living in the household, how many are adults? _____

What is the relationship of the adults living in the household to the group member?

Is a parent of the group member deceased? Yes No

Is the group member disabled? Yes No

Is any person living in the group member's household disabled? Yes No

Is any person living in the household in very poor health? Yes No

I have read this application and certify to the Algonquin Campership Fund that the information provided is true and accurate and that the financial information provided above it is true and accurate and understand that any misinformation will disqualify my family from this and future awards.

Signature of Parent or Guardian: _____ Date: _____

*For questions regarding this form, please contact the Scholarship Associate at Scholarships@racf.org.
For specific trip details, please contact the Trip Leader from the coordinating organization.
Thank you.*