

Financial Aid Summer 2024

Thank you for your interest in Beth Tfiloh Day Camps. The Camp Committee looks forward to your application.

Unlike other summer programs, Beth Tfiloh Camps does not receive support from any public funds or private foundations. Camp operates entirely on revenue derived from camp fees and relies solely on those fees to pay all camp expenses. For these reasons, Beth Tfiloh Camps is limited in the amount of financial assistance it can provide to camper families.

If you decide to apply for financial aid, use the checklist of items below to ensure all necessary material is received by March 1, 2024.

The enclosed campership application, completed.
A 2024 registration form for each camper for whom you are requesting aid. A \$250.00 deposit must accompany each registration. Per camp policy, all monies are refundable prior to March 1, 2024.
A copy of a 2023 1040 tax return as applicable from each member in the household.
A copy of a 2023 W2 as applicable from each member in the household.
A copy of a 2023 1099 as applicable from each member in the household.

If we are unable to give you the funds that you need, many area agencies and congregations have funds available for Jewish camp experiences and some rabbis will use their discretionary funds for this purpose.

As always, if you have questions, please feel free to contact us at 410-517-3451.

Shalom, Sam Bloom Director

Marty Taylor BT Camps Chairperson

CAMPS

2024 Beth Tfiloh Camps Campership Application Phone 410-517-3451 * Fax 410-517-3454



Read the enclosed cover letter. The deadline for submission is March 1, 2024; complete both sides of this application.

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Name of potential camper 1	Grade in Septemb	er 2024	Name of potential camper 2			Grade in September 2024
		2024	N 6 4 4 1			
Name of potential camper 3	Grade in Septemb	er 2024	Name of potential camper 4			Grade in September 2024
Camper's present home address	ľ			ZIP code		
Mother's name	Day or work phone		Mobile phone	Other pho	one	Occupation
Mother's address	City		State	ZIP cod	le	Employer
Father's name	Day or work phone		Mobile phone	Other pho	one	Occupation
Father's address	City		State	ZIP cod	le	Employer
List name, age, and relationship of all other househol	d members	1		<u>.</u>	•	
Parents are presently			Camp	er(s) now live(s) with		
□ married □ legally separated □ divorc	ed 🔲 father deceased	🗆 m		nother father	other -	specify
If parents are divorced or legally separated, describe i	n detail the child support requin	rements				
If you have previously sent children to Beth Tfiloh C.	amps, please tell whom and wh	ich years	What is your total mont	hly car payment?	What is your	monthly mortgage or rent?
What school(s) does/do the camper(s) attend?	Imper(s) attend? Does the camper belong to Beth Tfiloh Congregation? yes no			Filoh Congregation?		
Do you plan to send the camper(s) to other summer p	rograms? If so, where and t	for how l	ong?			
To what extent is financial help available from grand	parents or other relatives?	relatives? Have there been any extraordinary or unexpected expenses this year? If yes, provide details				
List other funding sources applied to for the current c	alendar year					
The maximum that I/we and other family mem	bers can contribute toward	my/our	camper(s) camp tuition is	5	\$	
I/We understand that Beth Tfiloh Camps does funding from The Associated or any other con Tfiloh Camps without financial aid. I understa whether or not a campership will be offered un the event that a grant is made, it is for one yea	nmunity foundations. I am nd that this is not a discoun ntil after March 1st. Therefo	applying it and is fore, I/w	g for a campership becau aid designed to help thos e understand that I/we sh	se my camper will e experiencing fin	definitely no ancial hardsh	t be able to attend Beth ip. I/we will not hear
Parent 🔪	Date 🔪		Parent 🔪		Date	• \

Return all required items to Beth Tfiloh Camp Committee, 400 Delight Meadows Road, Reisterstown MD, 21136 or FAX all required items to 410-517-3454

Provide a fully of	detailed reason	for requesting	financial	assistance.
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