



OUR LADY OF MERCY
COMMUNITY
OUTREACH



KIDS

Summer Camp

SCHOLARSHIPS!

JUNE 3
THROUGH
AUGUST 9

MUST LIVE IN THE BELOW ZIP
CODES:

JOHNS ISLAND: 29455

JAMES ISLAND: 29412

WADMALAW ISLAND: 29487

WEST ASHLEY: 29414 & 29407

RAVENEL: 29470

RANTOWLES: 29470

HOLLYWOOD: 29470 & 29449

MEGETT: 29449

ADAMS RUN: 29426

JERICHO: 29426

EDISTO: 29438

DOWNTOWN CHARLESTON: 29401



*Scholarships
available up to
6 weeks for up
to 3 kids!*

TO QUALIFY:

- MUST FIT WITHIN INCOME GUIDELINES
- MUST LIVE IN SERVICE AREA
- PROVIDE INVOICE FROM SUMMER CAMP WITH CHILD'S NAME ON IT
- PROVIDE W9 FROM SUMMER CAMP

CALL US TODAY AT 843-559-4109 TO SEE IF YOU QUALIFY!



SUMMER CAMP SCHOLARSHIP FORM

SUMMER 2024

Please complete a separate application for each child. Please write clearly.

Child's Full Name _____

Parent/ Guardian's full name _____

Phone Number _____ Email _____

Household Information:

Number of adults in the home _____

Number of children in the home _____

Name of employer _____ Estimated monthly salary _____

Do you or anyone in your household receive any forms of assistance? Check all that apply.

SNAP

Pension/ Retirement

Medicaid

SSI

Free/ Reduced Lunch

Please list the name of the summer camp(s) you are requesting a scholarship for.

Address of summer camp _____

Phone number of summer camp _____

Dates of the summer camp _____

Have you applied for scholarship assistance from other organizations for your child's summer camp?

Yes No (Circle One)

By signing this form, you understand that Our Lady of Mercy Community Outreach is only responsible for up to six weeks of summer camp scholarship assistance, based on eligibility. Any additional fees are the parent/guardian's responsibility. Once signed, an Our Lady of Mercy Community Outreach team member will contact you.

Name: (Please Print) _____

Signature: _____