

Columbia Urban League, Inc.
1400 Barnwell Street
Columbia, South Carolina 29201
(803) 799-8150 phone
(803) 254-6052 fax

Summer Work Experience Leadership Program
(SWELP Worksite Participation Form)

Name of Business or Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person(s): _____

Phone Number: _____ Fax Number: _____

Please check one of the following:
Financial Sponsorship is \$275 per two weeks per child.

- I can financially sponsor _____ students
- I can financially sponsor _____ students and provide job placement at my worksite.
- I can provide job placement at my worksite but no financial support.

Select Class Participation. Please circle all that apply.

Class I: June 9-20 Class II: June 23- July 4 Class III: July 7-18

Class IV: July 21- August 1 Class V: August 4-August 15

Students will be required to complete the following tasks: _____

Time	Number of Students
9:00 a.m. – 1:00 p.m. (morning shift)	
1:00 p.m. – 5:00 pm (afternoon shift)	

Notes or special requests: _____

Please make checks payable to:

Columbia Urban League, Inc.
P.O. Box 50125
Columbia, SC 29250

Please fax completed form to (803) 254-6052, attention SWELP Staff. Thank you for your participation.

If you have any questions regarding SWELP, please contact Aiyetoro Ohlenu, SWELP Coordinator, at 803-799-8150 ext.27.