



Number of family members living with you in your household (please include ages of siblings): \_\_\_\_\_

Annual family income:     \$10,000-\$30,000                       \$31,000-\$50,000  
    \$51,000-\$70,000                       \$71,000-\$90,000  
    \$91,000-\$110,000                       \$110,000 and up

Approximate monthly expenses: \_\_\_\_\_

Does your child (or children) receive SSI or SSDI benefits? \_\_\_\_\_

Does your child (or children) receive Medicaid Waiver Benefits and services?  
(For example: CLASS, MDCP, HCS, etc.)

Have you applied for and/or received financial aid from another source for camp fees?  
 Yes                       No

Mikey's Place would like to match campers with their sponsors. Will you permit us to use a photo of your child at camp (no names will be used) on "thank you" notes to sponsors and for other publicity purposes?                       Yes                       No

Please attach a photo of your child below and feel free to share any other comments about your child.



Please mail completed application to:  
Mikey's Place-Camperships  
P.O. Box 19755  
Houston, TX 77224-9755  
Thank You!