

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!