

Application for Sponsorship

Touch a Life

A child sponsorship ministry of the Final Frontiers Foundation, Inc.

I.D. _____

Personal Information on the child:

Name:

Jasmin Karolina Mejia Duarte

Name child is called by if different:

Birthday (d/m/y):

21/june/2001

Nationality:

Honduran

Country:

Honduras

Town:

San Juan de Flores

What is the child's current status?

- ☐ Orphan
- ☐ Abandoned
- ☒ **Destitute**
- ☐ Other

Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

She lives with her parents in her grandmother's house because they don't have a house of their own. Her parents work really hard to be able to support her.

Family Information:

Does the child have any natural brothers or sisters?
(If the answer is yes, please list their names and current ages.)

Name:	Age: 5 months
Enrique Mejia Duarte	

Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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What is the child's eye color?

Dark brown

What is the child's hair color?

Dark brown

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Rice, beans, eggs

What is the child's favorite color?

Red

Has the child ever gone to school?

No

What is the last grade completed?

Is the child currently attending school? If not, why not?

She is not old enough yet.

If the child has toys, what does he like the most?

Stuffed animals and a car.

What toys does the child wish to have?

Doll

What is the father's name?

Marvin Enrique Mejia Ramirez

What is the father's occupation and weekly salary?

He is an agricultural laborer and earns L. 300 a week (\$15)

What is the mother's name?

Reyna Adriana Duarte Mejia

What is the mother's occupation and weekly salary?

She is a cook and makes L. 300 a week. (\$15)

Describe the specific living conditions of the child in detail. List the child's material possessions.

She has very few clothes, two pairs of shoes and one stuffed animal. She lives in a concrete house.

Describe the condition of the house and living area. (please include photographs)

She lives in a concrete house with a clay tile roof/ceiling and cement floor. She sleeps in a wooden bed. They have 2 beds and 3 wooden chairs. They have electricity and running water and they have a place where they do their laundry. Everyone shares the same room.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

No

Does the child attend Sunday School regularly? If not, why not?

No, she is too young.

What is the name of the church?

What city is the church in?

What is the pastor's name?

Does the child have a favorite Bible story or verse?

Medical Information:

Does a doctor examine the child regularly?

No

Does the child have any physical or mental handicaps? (If yes, please explain.)

No

What is the child's height?

weight?

3'3

28 lbs.

Placement Information:

Where is the child now living?

- ☐ Orphanage
- ☐ Christian Home
- ☒ **With their own family**
- ☐ Other (please explain)

Financial Accountability:

Will the child be willing to acknowledge (when asked in person or in writing) that they receive financial support from Final Frontiers Foundation / Touch a Life?

Yes

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor?

Yes

Who?

Her parents

Orphanage Information:

(Complete these questions only if the child has been placed in an orphanage.)

Where is the orphanage located?

What is the name of the adult who is responsible for the orphanage?

Christian Home Information:

(Complete these questions only if the child has been placed in the home of a Christian family.)

What is the name of this family?

Where does this family live?

Of what materials is their house made?

How many rooms does it have?

What is the occupation of the father?

Are the husband and wife both Christians?

Are they church members in good standing?

Summary:

If you would like to give us any information other than what was asked, please do so here.

This application was translated by: **Nolin Vargas**

Date (d/m/y): **September 8, 2005**

This application was approved by (pastor): **Flavio Varela**

Date (d/m/y): **July 18, 2005**

This application was approved by (director): **Flavio Varela**

Date (d/m/y): **July 18, 2005**

Application for Sponsorship

Touch a Life

A child sponsorship ministry of the Final Frontiers Foundation, Inc.

LD. _____

Personal Information on the child:

Información Personal del Niño

Name: Jasmin Karolina Mejia Duarte
Nombre _____

Name child is called by if different: _____
Otro Nombre o Apodo _____

Birthday (d/m/y): 21 June 2001
Cumpleaños _____

Nationality: Honduras
Nacionalidad _____

Country: Honduras
País _____

Town: San Juan de Flores (Haitas)
Pueblo _____

What is the child's current status?

Condición del Niño

- ☐ Orphan (Huérfano)
- ☐ Abandoned (Abandonado)
- ☒ Destitute (Pobre viviendo con su familia)
- ☐ Other (si es otro entonces explique)



AVC089F /

Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

Por favor Escribe una pequeña historia de como el niño llego a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

Joselin Caroline vive con El Papá y Mamá.
En la casa ~~pero~~ ~~en~~ la Abuela porque No tienen Casa.
los padres salen a trabajar fuertemente para
poder sostenerla o Mantenerla.

Family Information:

Información de la Familia

Does the child have any natural brothers or sisters?

(If the answer is yes, please list their names and current ages.)

Si el Niño tiene hermanos, escribe sus nombres y edades

Name: <u>Enrique Mejía Duarte</u>	Age: <u>5 years</u>
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____

What is the child's eye color?

Color de Ojos del Niño Café oscuro

What is the child's hair color?

Color de Pelo del Niño Café oscuro

What language(s) does the child speak?

Que Idioma Habla el Niño Español

What are the typical foods eaten by the child?

Que Tipo de Comida come el Niño Aرز, Frijoles, hueras

What is the child's favorite color?

El color favorito del Niño Rojo

Has the child ever gone to school?

Si el Niño has asistido la escuela

NO

What is the last grade completed?

Cual fue el ultimo grado completado

Is the child currently attending school? If not, why not.

Si no va a la escuela entonces porque

Porque esta muy pequeña

If the child has toys, what does he like the most?

Que juguetes tiene el Niño

Peluches y un carrito

What toys does the child have?

Que Juguetes le gustaria tener

muñeca

What is the father's name?

Nombre del Padre Maria Enrique Mejia Ramirez

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto gana

Agricultura 300.00 Liras a la Semana

What is the mother's name?

Nombre de su madre Reyna Adriana Duarte Mejia

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Cosidora 300.00 a la Semana

Describe the specific living conditions of the child in detail. List the child's material possessions.

Detalle las condiciones en como vive el niño con detalles incluyendo su casa

Jasmin tiene poca ropa tiene 2 pares de zapatos

Solo tiene un peluche Vive en una casa de Bloques (construida la Abuela)

Describe the condition of the house and living area. (please include photographs)
Detalle la condición de su casa incluyendo como duerme y sus muebles

Casa de Bloques: techo de tejas, piso de concreto.
Duerme en un catre de Madera hay dos camas y tienen
7 sillas de Madera tienen Luz eléctrica tienen pila y tienen
Agua potable Solo hay un dormitorio y comparten un solo cuarto.

Spiritual information:

Información Espiritual

Has the child accepted Christ as their personal Savior? NO
Ha aceptado a Cristo el niño

Does the child attend Sunday School regularly? If not, why not?
Si el niño va a la escuela dominical y si no porque NO

Porque este muy Pequeño

What is the name of the church? N.A.
Nombre de la Iglesia

What city is the church in? N.A.
En que pueblo esta la Iglesia

What is the pastor's name? N.A.
Nombre del Pastor

Does the child have a favorite Bible story or verse?
Cual es el Versículo favorito del niño N.A.

Medical Information:

Información Médico

Does a doctor examine the child regularly? NO
Si el Niño es examinado regularmente por un doctor

Does the child have any physical or mental handicaps? (If yes, please explain.)
Si el Niño tiene algun problema de salud o mental (Si tiene, Explique)

NO

What is the child's height? 3 feet 3 pulgadas weight? 27 Libras
Cuanto Mide el Niño Peso

Placement Information:

Información General

Where is the child now living? (Con quien vive el Niño en este momento)

- ☐ Orphanage (orfanato)
- ☐ Christian Home (con una familia Cristiana)
- ☒ With their own family (con su familia)
- ☐ Other (please explain) (Otro)

Financial Accountability:

Requisitos de Ayuda

Will the child be willing to acknowledge (when asked in person or in writing) that they receive financial support from Final Frontiers Foundation / Touch a Life?

El Niño promete cuando es preguntado decir que sus ayudas vienen de el programa Touch a Life
Si Si o NO

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor? Si

Si el Niño va necesitar ayuda de un adulto para escribir sus cartas

Who? El Papa y la Mamá
Quien

N.A.

Summary:
Informacion Final

If you would like to give us any information other than what was asked, please do so here.

Si hay algo que no preguntamos y es importante que sepamos del niño, escríbelo aquí

This application was translated by: _____
Firma del Traductor

Date (d/m/y): _____
Fecha

This application was approved by (pastor): *J. Luis Macias* _____
Firma del Pastor que lo aprueba

Date (d/m/y): *July 11, 2005* _____
Fecha

This application was approved by (director): _____
Firma del Director del programa

Date (d/m/y): _____
Fecha