

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name: **Marla Fernanda Avilez**

Name child is called by if different:

Birthday (d/m/y): **March 1, 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.)

I live with my mom, brothers and sister. I am very happy, I am already going to the kindergarten. They accepted me as a listener, because I am very intelligent. My mom always has been poor, she has to work sustain us.

To be a "listener" means she is not allowed to enroll because they do not have the funds for the required uniform, shoes and supplies. She is allowed to sit on the floor and listen but will not receive a diploma. Your sponsorship will provide for these needs.

Family Information:

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

Name: Anadalys Suyapa	Age: 18
Name: Angel David	Age: 16
Name: Carlos Roberto	Age: 15
Name: Eduin Noe	Age: 10
Name: Kevin Artel	Age: 8
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

What is the child's eye color?

Black

What is the child's hair color?

Black

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Rice, beans and meat

What is the child's favorite color?

Blue

Has the child ever gone to school?

Yes

What is the last grade completed?

Kindergarten as listener

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

Yes, kindergarten

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

None, she has no toys

What toys does the child wish to have?

No, she would like to have Barbie's and stuffed toys.

What is the father's name?

She does not have a father

What is the father's occupation and weekly salary?

What is the mother's name?

Rosa Argentina Avilez

What is the mother's occupation and weekly salary?

She works making candies, she makes L. 30.00 daily (\$ 1.50)

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

She has few clothes, and they are very old. She just has one pair of shoes. Her house is made of mud block, it just has two rooms; one bed room and a kitchen.

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

She sleeps on a folding bed, they have nearly no furniture, just a couple of wooden chairs but no tables. They use one room the whole family to sleep and the other as a kitchen.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

No

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

No, because she can not go by herself, and her brothers go to work.

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.)

None

What is the child's height? **3 feet, 3 inches** weight? **30 pounds**

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 mother

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 13, 2005**

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

Date (d/m/y): **July 22, 2005**

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

Date (d/m/y): **July 22, 2005**

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Informacion Personal del Niño

Name: Maria Fernanda Avilez
Nombre

Name child is called by if different: N/A
Otro Nombre o Apodo

Birthday (d/m/y): 1 marzo del 2001
Cumpleaños

Nationality: Hondureña
Nacionalidad

Country: Honduras
Pais

Town: San Juan de Flores F.M.
Pueblo

What is the child's current status?

Condicion del Niño

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

TRADUCIDO

MVC 033F

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.)

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

Yo vivo con mi mamá Argentina
y mis hermanos vivo muy Feliz
ya estoy yendo al kinder me aceptaron
como oyente porque soy inteligente
mi mamá siempre ha sido pobre.
que tiene que trabajar para poder sostenerme.

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:	Anadaly's suyapa zuniga	Age:	18
Nombre		Edad	
Name:	Angel david zuniga avilez	Age:	16
Nombre		Edad	
Name:	Carlos Roberto zuniga Avilez	Age:	15
Nombre		Edad	
Name:	Edwin Noe zuniga avilez	Age:	10
Nombre		Edad	
Name:	Kevin ardel lagos avilez	Age:	8
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

Negros

What is the child's hair color?

Color de Pelo del Niño

Negro.

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

El arroz y Frijoles y carne.

What is the child's favorite color?

El color favorite del Niño

Azul.

Has the child ever gone to school?

Si el Niño has asistido la escuela

What is the last grade completed?

Cual fue el ultimo grado completado

Asiste al Kinder. como oyente.

N/A

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

Si no va a la escuela entonces porque

N/A

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

Que juguetes tiene el Niño

NO

What toys does the child have?

Que Juguetes le gustaria tener

~~los~~. Barbis, peluches,

What is the father's name?

Nombre del Padre

NO Tiene papa.

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

N/A

What is the mother's name?

Nombre de su madre

Rosa argentina avilez.

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Trabaja haciendo dulce y gana treinta lempiras diarios.

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

Tiene poca ropa,

NO Tiene Zapatos, solo un par.

La Ropa que tiene ya esta gastada.

su casa es de adobe, y solo tiene 2 piezas
la cocina y la sala en donde duermen.

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

Duerme en una cama de petate.
no tiene muebles solo tiene 2 sillas
de madera, Mesas no tiene,
la casa es pequeña solo tiene 2 piezas
la cocina y la sala en donde duermen todos.
(maria fernanda con sus hermanos.)

Spiritual Information:

Informacion 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 tiene que ir acompañada
y los hermanos de ella trabajan.

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 Versiculo favorito del Niño

Medical Information:

Informacion Medico

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)

N/A

What is the child's height? 3 pies, 3 pulg.
Cuanto Mide el Niño

weight? 30 libras
Peso

Placement Information:

Informacion 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:

Requesitos 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
~~NO~~ 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? su Madre (Argentina Avilez.)
Quien

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, esbelo aqui

N/A

This application was translated by: _____
Firma del Traductor

Date (d/m/y): _____
Fecha

This application was approved by (pastor): *Francisco M. Vazquez*
Firma del Pastor que lo aprobo

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

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

Date (d/m/y): _____
Fecha