

**Application for Sponsorship**

# **Touch a Life**

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

I.D. \_\_\_\_\_

**Personal Information on the child:**

Name:

**Barbara Alexandra Aguilar Zuniga.**

Name child is called by if different:

Birthday (d/m/y):

**24/01/2000**

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.)

**They always were a very poor family because the father is alcoholic and he most of time doesn't work and the grandmother (the mother of the child's mother) feeds them.**

**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:
<b>Sindy Fabiola Aguilar Zuniga.</b>	<b>12 years old</b>

Name:	Age:
<b>Franklin Danuvio Aguilar Zuniga.</b>	<b>9 years old</b>

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?

**Black**

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 and eggs**

What is the child's favorite color?

**Blue**

Has the child ever gone to school?

**No**

What is the last grade completed?

**None**

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

**No, she is too young.**

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

**Dolls.**

What toys does the child wish to have?

**Dolls and a dish set.**

What is the father's name?

**Danubio Adolfo Aguilar Contreras**

What is the father's occupation and weekly salary?

**Agricultural worker, he earns 360 lempiras per week but he doesn't help the family at all. He spends his money on alcohol. (\$18)**

What is the mother's name?

**Maria del Carmen Zuniga Zevilla.**

What is the mother's occupation and weekly salary?

**She doesn't work, she is a housewife.**

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

**She has just a few clothes, a pair of shoes and doll. They live in a house made of wood and she sleep with her brother Franklin in a bed made of wood and a mattress.**

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

**Their house is made of wood planks with a ceiling of zinc (tin). The floor made of mud, they have electricity but they haven't got a place to wash clothes even though they have potable water. They have no furniture, she sleeps in a bed made of wood and mattress, they have 3 chairs made of wood and one bedroom, a living room and an adobe mud-firewood stove. They have no bathroom.**

#### **Spiritual Information:**

Has the child accepted Christ as their personal Savior?

**No**

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

**Yes**

What is the name of the church?

**Vida Nueva (New Life Church)**

What city is the church in?

**San Juan Flores**

What is the pastor's name?

**Angel**

Does the child have a favorite Bible story or verse?

**She does not know any.**

**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 ft and 3 inches**

**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?

**The mother will do it.**

**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 22, 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

76  
**TRADUCIDO**

## 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: Barbara Alexandra Aguirre Zuniga  
Nombre

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

Birthday (d/m/y): 24/01/2000  
Cumpleaños

Nationality: Hondurana  
Nacionalidad

Country: Honduras  
Pais

Town: San Juan de Flores (colonia)  
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)

MUC131F ✓



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.

Siempre han sido pobres (porq)  
el papa es borracho y trabaja poco  
asi q la abuela materna les da de  
comer

**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>Sindy Fabiola Aguilar Zuniga</u>	Age:	<u>12</u>
Nombre:		Edad:	
Name:	<u>Franklin Daruvio Aguilar Zuniga</u>	Age:	<u>9</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:	

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

Cafe 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

Arroz, Frijoles, huevo

What is the child's favorite color?

El color favorito del Niño

Azul

Has the child ever gone to school?

Si el Niño has asistado la escuela

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

Esta Muy Pequena

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

Que juguetes tiene el Niño

Muñeco

What toys does the child have?

Que Juguetes le gustaria tener

Muñeca y tros tecitos

What is the father's name?

Nombre del Padre

Donubio Adolfo Aguilar Contreras

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Agricultura, Gana 360.00 LPS. A la Semana pero no le ayuda.

What is the mother's name?

Nombre de su madre

Maria del Carmen Zuniga Zevilla

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

No trabaja

cuida a los niños

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, tien un par de Zapatas,

tiene una Muñeca para jugar y vive en una Casa de tablas y bella Duerme con su hermano Franklin en uno como de Madera con un colchón.



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

Detalle la condition de su casa incluyendo como duerme y sus muebles

Casa de tablas, techo de lamina, piso de tierra, tiene luz electrica, No tiene pila, tiene agua potable, No tiene muebles. Duerme en una Cama de Madera con calchon, tiene 3 sillas de Madera, tiene un dormitorio, una sala, y el fuego, Fogon de Adobes y leña

**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 Si

What is the name of the church? Vida Nueva  
Nombre de la Iglesia

What city is the church in? San Juan de Flores  
En que pueblo esta la Iglesia

What is the pastor's name? Angel  
Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorito del Niño No sabe

### 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)

NO

What is the child's height? 3 Pies 3 Pulgadas

Cuanto Mide el Niño

weight? 30 Libros

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

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? la Mamá

Quien

N.A.

TRADUCIDO

**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, esribelo aqui

This application was translated by: \_\_\_\_\_  
Firma del Traductor

Date (d/m/y): \_\_\_\_\_  
Fecha

This application was approved by (pastor): \_\_\_\_\_  
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