

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Franklin Danuvio Aguilar Zuniga

Name child is called by if different:

Birthday (d/m/y):

9/12/1996

Nationality:

Honduran

Country:

Honduras

Town:

San Juan de Flores (colonia)

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.)

Franklin lives with his father and mother. They were always a poor family because the father is alcoholic and he does not work. The grandmother 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: |
| Sindy Fabiola Aguilar Zunig | 12 years old |

| | |
|--|--------------------|
| Name: | Age: |
| Barbara Alexander Aguilar Zuniga. | 5 years old |

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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 and eggs

What is the child's favorite color?

Green

Has the child ever gone to school?

Yes

What is the last grade completed?

3rd grade

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

Not available

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

He doesn't have any toys.

What toys does the child wish to have?

Cars and a bicycle.

What is the father's name?

Danubio Adolfo Aguilar Contreras

What is the father's occupation and weekly salary?

He is a farm worker, he earns 360 lempiras per week but he doesn't help the family. (\$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 outside the house, she is a housewife.

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

He has just a few clothes, a pair of shoes. They live in a house made of wood and he sleep with his brother Franklin in a bed made of wood and a mattress.

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

The house is made of wooden planks, the ceiling of zinc (tin), the floor is made of mud. They have electricity but they don't have a place to wash clothes though they do have potable water. They have very little furniture, he sleeps in a bed made of wood and mattress, they have 3 chairs made of wood and one bedroom, a living room and a mud-firewood stove. They have no kitchen or bathroom so the cooking is done outside.

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 He doesn't want to go to church alone. Once enrolled in the program he will be attending and will received Bible instruction daily with his meals.

What is the name of the church?

Grace Baptist Church

What city is the church in?

Cantaranas

What is the pastor's name?

Flavio Varela

Does the child have a favorite Bible story or verse?

Not available.

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?

4 ft and 1 inch

46 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.

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 12, 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**

TRADUCIDO

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Información Personal del Niño

Name: Franklin Danuvio Aguitar Zuniga
Nombre

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

Birthday (d/m/y): 9/12/1996
Cumpleaños

Nationality: Hondureño
Nacionalidad

Country: Honduras
Pais

Town: San Juan de Flores (colonias)
Pueblo

What is the child's current status?

Condición del Niño

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

MVC130F ✓

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 lleo a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

Franklin vive con su Papá y Mamá.
Siempre han sido pobres porq' su papá
es boto y no trabaja mucho.
La abuela 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>Barbara Alexandra Aguilar Zuniga</u> | Age: | <u>5</u> |
| Nombre | | Edad | |
| Name: | | Age: | |
| Nombre | | Edad | |
| Name: | | Age: | |
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| Nombre | | Edad | |
| Name: | | Age: | |
| Nombre | | Edad | |

What is the child's eye color?

Color de Ojos del Niño Cafe oscuro

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 Aroz, Frijoles, huevo

What is the child's favorite color?

El color favorito del Niño Verde

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

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

Si no va a la escuela entonces porque

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

Que juguetes tiene el Niño Ninguno

What toys does the child have?

Que Juguetes le gustaria tener Camas, Bicicleta

What is the father's name?

Nombre del Padre Danubio 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 les 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

tienen poca Ropa, tiene un par de Zapatos

No tiene juguetes, y vive en una casa de tablas

q' no es de alba y duerme con su hermana de 5 años en una cama de madera catchon.

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, tienen luz
Electrica, No tiene prela, tiene agua potable, No tienen muebles.
Duerme en una cama con colchon, tiene 3 sillas de Madera,
tiene un dormitorio, una sala y el Fuego, Fogon de Adobes y leño.

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 no ha echo el esfuerzo por ir.

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 favorite del Niño N.A.

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? 4 Pies 1 Pulgada

Cuanto Mide el Niño

weight? 46 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

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.

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): *José Luis H. Vázquez*
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