

**Application for Sponsorship**

# **Touch a Life**

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

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

**Personal Information on the child:**

Name:

**Karla Graciela Martinez Vasquez**

Name child is called by if different:

Birthday (d/m/y):

**June 1st of 1995**

Nationality:

**Honduran**

Country:

**Honduras**

Town:

**San Juan de Flores**

What is the child's current status?

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

### **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>Juan Manuel Martinez Velasquez.</b>	<b>16 years old</b>

Name:	Age:
<b>Wilson Gustavo Martinez Velasquez.</b>	<b>14 years old.</b>

Name:	Age:
<b>Daycy Ruby Martinez Velasquez</b>	<b>12 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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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 chicken**

What is the child's favorite color?

**Pink**

Has the child ever gone to school?

**Yes**

What is the last grade completed?

**4<sup>th</sup> grade**

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

**Yes, she goes to the school.**

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

**She doesn't have any.**

What toys does the child wish to have?

**Dolls**

What is the father's name?

**Juan Ramon Martinez**

What is the father's occupation and weekly salary?

**He is a farm worker and he earns 60 lempira per day. (\$3)**

What is the mother's name?

**Reina Izabel Velasquez.**

What is the mother's occupation and weekly salary?

**She doesn't work outside the house, only at home.**

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

**She lives in the house of her parents, the house is made of adobe and the house has a kitchen, bedroom, floor and living room.**

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

**They have only 1 table, 3 chairs and 3 beds. They do not have electricity or water. They have to use candles for light and get water in buckets from the river. They cook outside on an adobe mud stove and in the winter they light a fire on the floor of the house for heat but this fills the house with smoke making it difficult to breathe.**

**Spiritual Information:**

Has the child accepted Christ as their personal Savior?

**Yes, 6 years ago.**

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

**Yes, she attends Sunday School every week.**

What is the name of the church?

**Bautista Gracia. (Grace Baptist)**

What city is the church in?

**San Juan de Flores**

What is the pastor's name?

**Flavio Varela**

Does the child have a favorite Bible story or verse?

**John 3:16**

**Medical Information:**

Does a doctor examine the child regularly?

**No**

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

**Yes, she has problems with her eyes.**

What is the child's height?

**4 ft and 6 inches**

weight?

**75 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?

**No**

Who?

**No one**

**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 11, 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.

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

Personal Information on the child:

Informacion Personal del Niño

Name: Karla Gabriela Martinez Velazquez  
Nombre

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

Birthday (d/m/y): 1 de Junio 1998  
Cumpleaños

Nationality: Hondureña  
Nacionalidad

Country: Honduras  
Pais

Town: San Juan de Flores  
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)

MVC052F

Por favor 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.



**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:	Age:
Nombre	Edad
Name: <u>JUAN MANUEL MARTINEZ VELASQUEZ</u>	Age: <u>16 años</u>
Nombre	Edad
Name: <u>WILSON GUSTAVO MARTINEZ VELASQUEZ</u>	Age: <u>14 años</u>
Nombre	Edad
Name: <u>Darcy Ruby Martinez Velasquez</u>	Age: <u>12 años</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

What is the child's eye color?

Color de Ojos del Niño color NEGROS

What is the child's hair color?

Color de Pelo del Niño Color NEGROS

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 pollo

What is the child's favorite color?

El color favorito del Niño Color Rosado

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

si

cuarto grado

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

Si no va a la escuela entonces porque

si va a la Escuela

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

Que juguetes tiene el Niño

No tiene

What toys does the child have?

Que Juguetes le gustaria tener

Muñecas

What is the father's name?

Nombre del Padre

JUAN RAMÓN MARTÍNEZ

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto gana

trabaja en el campo y gana  
\$60 = Diarios

What is the mother's name?

Nombre de su madre

Reyna Izabel Velasquez

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

no trabaja solamente  
en el hogar

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

vive en casa propia de adobe Repelida tiene  
Piso 1 sala 1 dormitorio cocina

### 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) tiene problemas de vision

What is the child's height? 4 Pie 6 Pulgadas weight? 75 Lbs

Cuanto Mide el Niño

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 NO

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor? NO

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

Who? Nadie

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, esribelo aqui

Personal information not used for CRIS.  
Información personal del niño.

Name Stacy Gabriel  
Nombre

Is the child related by birth? Yes  
¿Está relacionado por nacimiento?

Birth date (d/m/y) 2 de junio 2000  
Fecha de nacimiento

Nationality Costa Rican  
Nacionalidad

Country Honduras  
País

Town San Juan de Dios  
Pueblo

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

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

This application was approved by (pastor): [Signature]  
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