

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Divian Lucia Obando Ferrera

Name child is called by if different:

Birthday (d/m/y):

15/ 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 grandparents house because they don't have a house of their own. Her parents work very hard 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:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

What is the child's eye color?

Light brown

What is the child's hair color?

Light 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?

Blue

Has the child ever gone to school?

No

What is the last grade completed?

No

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?

Dolls

What toys does the child wish to have?

More dolls.

What is the father's name?

Dennis Armando Obando Torres

What is the father's occupation and weekly salary?

He works in agriculture and makes L.300 a week. (\$15)

What is the mother's name?

Diria Yakeline Ferrera Mejia

What is the mother's occupation and weekly salary?

She works as a cook and makes L. 500 a month. (\$25)

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

She has very few clothes, 2 pairs of shoes and very few toys. They live in a concrete house.

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

The family lives in a concrete house with a tile ceiling and cement floor. They all sleep in a wooden beds. There are only two beds in the house and only three wooden chairs. They have electricity and running water. The house has only one room. Their kitchen is outside as is their bathroom. The food is prepared on an adobe mud stove. They have no heat for their house in the winter so they have to build a fire on the cement floor which naturally fills the house with smoke.

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 is too young to go by herself. Once in the program her family will take her.

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?

No.

Medical Information:

Does a doctor examine the child regularly?

No

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

She suffers from flat feet.

What is the child's height?

3 ft.

weight?

30 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 will help her.

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**

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: Diana Lucia Chando Ferrera
Nombre

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

Birthday (d/m/y): 12 de junio del 2007
Cumpleaños

Nationality: Colombiana
Nacionalidad

Country: Medellin
País

Town: San Juan de Flores (Lajitas)
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)



MV 096 F ✓

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.

Divia Lucia vive con sus Padres
Habría ^{en su casa} ~~un~~ abuelo pero no tiene casa
Los Padres trabajan mucho para mantenerla

Family Information:

Información de la Familia

Does the child have any natural brothers or sisters? *NO*
(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: _____	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: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____

What is the child's eye color?

Color de Ojos del Niño *CAFE CLARO*

What is the child's hair color?

Color de Pelo del Niño *CAFE CLARO*

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 Y Frijoles, NACHOS*

What is the child's favorite color?

El color favorito del Niño

AZUL

Has the child ever gone to school?

Si el Niño has asistido la escuela *No*

What is the last grade completed?

Cual fue el último grado completado *No*

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

Si no va a la escuela entonces porque

Esta muy pequeña

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

Que juguetes tiene el Niño

Algunos muñecos

What toys does the child have?

Que Juguetes le gustaria tener

algunos, Muñecos

What is the father's name?

Nombre del Padre

Don's Armando Abando Torres

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Trabaja en la agricultura Lps 300.00 a la semana

What is the mother's name?

Nombre de su madre

Dona Yuliana Perren meja.

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Cosmopa Lps 500.00 al mes

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, dos pares de zapatos,
Tiene pequeños juguetes,
La casa de bloques (Es la casa de 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

La casa de Logos el techo de Teja el piso de cemento
duerme en catre de madera, solo hay dos camas
en la casa solo tiene tres silla de madera en
la casa hay luz electrica hay agua potable,
Se comparte todo 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 esta peguero

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 N/A

Medical Information:

Información Médica

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)

Los pies o Plano

What is the child's height? 3' 10"

Cuanto Mide el Niño

weight? 30 lbs

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? Los Padres

Quien

Summary:
Informacion Final

N/A

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): _____
Firma del Pastor que lo aprueba

Date (d/m/y): July 15 2005
Fecha

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

Date (d/m/y): _____
Fecha