

## Application for Sponsorship

# Touch a Life

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

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

### Personal Information on the child:

Name: Hugo Gabriel Gonzales Reyes

Name child is called by if different:

Birthday (d/m/y): 12/05/2000

Nationality: Honduran

Country: Honduras

Town: Las Lajitas

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.)

He lives with the mother and sister. There are 4 children and 5 adults in the house, 9 persons in total

**Family Information:**

Does the child have any natural brothers or sisters?

(If the answer is yes, please list their names and current ages.)

Name: Liliana Gabriela Gonzales Reyes

Age: 2 years old

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?

Dark blond

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Rice, beans, eggs, spaghetti, tortillas, cheese, coffee and bread.

What is the child's favorite color?

Red

Has the child ever gone to school?

What is the last grade completed?

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

If the child has toys, what does he like the most?  
Trucks, planes helicopters, balls and bikes

What toys does the child have?  
cars

What is the father's name?  
Hugo Gonzales, but he doesn't help the family

What is the father's occupation and weekly salary?  
N.A

What is the mother's name?  
Gloria Suyapa Reyes

What is the mother's occupation and weekly salary?  
Picking tomatoes, wins 150 lempiras per day. She cannot work all the time because the plantations grow only in some months of the year. Some days she works some days no.

Describe the specific living conditions of the child in detail. List the child's material possessions.  
The house has wall made of adobe and the roof is made of zinc. The floor is made of brick.

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

The living room is big, there is one dormitory and kitchen. The furniture is old. Hugo sleeps with her mother and sister.

**Spiritual Information:**

Has the child accepted Christ as their personal Savior?

N.A

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

What is the name of the church?

Gracia Baptist Church

What city is the church in?

Las Lajitas

What is the pastor's name?

Antonio Carcamo

Does the child have a favorite Bible story or verse?

John 3:16

**Medical Information:**

Does a doctor examine the child regularly?

Visits a local can public medical center in the village

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

His health is normal but has some problems with his tonsil.

What is the child's height? 3'11" weight? 49pounds

**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 teacher of the children's dining room

**Orphanage Information:**

*(Complete these questions only if the child has been placed in an orphanage.)*

Where is the orphanage located?

What is the name of the adult who is responsible for the orphanage?

**Christian Home Information:**

*(Complete these questions only if the child has been placed in the home of a Christian family.)*

What is the name of this family?

Where does this family live?

Of what materials is their house made?

How many rooms does it have?

What is the occupation of the father?

Are the husband and wife both Christians?

Are they church members in good standing?

**Summary:**

If you would like to give us any information other than what was asked, please do so here.

This application was translated by:

Date (d/m/y):

This application was approved by (pastor):

Date (d/m/y):

This application was approved by (director):

Date (d/m/y):



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: Hugo Gabriel Gonzales Reyes.  
Nombre

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

Birthday (d/m/y): 12/Mayo/2000 5 años  
Cumpleaños

Nationality: hondureño  
Nacionalidad

Country: Honduras  
Pais

Town: "Las Tajitas"  
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)

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.

Vive con la mamá y la hermanita  
En la casa viven niños 4  
adultos 7.

En la casa viven 9 miembros.

**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>Litiana Gabriela Gonzales Reyes</u>	Age: <u>2 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
Name: _____	Age: _____
Nombre	Edad
Name: _____	Age: _____
Nombre	Edad
Name: _____	Age: _____
Nombre	Edad

What is the child's eye color?

Color de Ojos del Niño

café claro.

What is the child's hair color?

Color de Pelo del Niño

castano

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, spaghetti, tortillas, queso, café, pan.

What is the child's favorite color?

El color favorito del Niño

rojo.

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

N.A.

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

Si no va a la escuela entonces porque

N.A.

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

Que juguetes tiene el Niño

carritos.

What toys does the child wish to have?

Que Juguetes le gustaria tener

bolquetas, aviones, helicópteros, pelotas, bicicletas.

What is the father's name?

Nombre del Padre

Hugo Gonzales. pero no está a cargo de los niños.

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

Gloria Suyapa Reyes.

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

En las tomateras \$150.00 diarias. es temporal  
no siempre trabaja, dias si y otros no.

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

paredes: adobe  
techo: lamina  
piso: ladrillo.



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

Sala grande dormitorio cocina .  
muebles unos riegos  
sillas-  
Hugo duerme con la mamá y la hermanita.

**Spiritual Information:**

Informacion Espiritual

Has the child accepted Christ as their personal Savior? N.A.

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

What is the name of the church? Iglesia Bautista Gracia.  
Nombre de la Iglesia

What city is the church in? "Las Tajitas"  
En que pueblo esta la Iglesia

What is the pastor's name? Antonio Cárcamo  
Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorite del Niño

Jn. 3:16.

**Medical Information:**

Información Médico

Does a doctor examine the child regularly? Al centro de Salud.  
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)

Es Normal , padece un poco de las  
amígdalas.

What is the child's height? \_\_\_\_\_ weight? \_\_\_\_\_  
Cuanto Mide el Niño 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 el Niño va necesitar ayuda de un adulto para escribir sus cartas

Who? Los maestros del Comedor Infantil  
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

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): \_\_\_\_\_  
Fecha

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

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