

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name: **Celso Rolando Cambar Morazan**

Name child is called by if different: N/A

Birthday (d/m/y): **October 31st, 1997**

Nationality: **Honduran**

Country: **Honduras**

Town: **Cantarranas "Las Tomas"**

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 his parents, his father works and gains a little and it is hard for Celso to study because of his poor diet.

Family Information:

Does the child have any natural brothers or sisters?
(If the answer is yes, please list their names and current ages.)

Name: **Laura Elizabeth Cambar Morazan** Age: **6 years old**

Name: **Adriana Noemi Cambar Morazan** Age: **9 years old**

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?

Brown

What is the child's hair color?

Brown

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Rice, beans, tortillas, cheese, butter

What is the child's favorite color?

White, green

Has the child ever gone to school?

Yes

What is the last grade completed?

First grade

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

Yes

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

He has no toys.

What toys does the child wish to have?

Cars, bike, trucks, trains, skates, shops, Nintendo (He wants this but it is impractical because they have no electricity in their house and even if they did they could not afford to waste money on the electricity for him to play with.)

What is the father's name?

Carlos Rolando Cambar Morazan

What is the father's occupation and weekly salary?

Making and repairing furniture, L. 2000 per month (\$100)

What is the mother's name?

Carmina Maria Morazan Medina

What is the mother's occupation and weekly salary?

N/A

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

Rented House

Walls: bricks

Roof: clay tiles

Floor: bricks

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

They have no furniture except for one bed. The house has a kitchen, one bedroom and the living room and he sleeps with his family. They have no plumbing or electricity. The mother cooks on an adobe stove that fills the little house with smoke each time she prepares a meal. They have to go to the nearby stream to get water for the family to drink and wash with.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

Yes

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

Yes and he goes to the Saturday school also.

What is the name of the church?

Bautista Gracia (Grace Baptist)

What city is the church in?

Cantarranas and Las Lajitas

What is the pastor's name?

Flavio Varela

Does the child have a favorite Bible story or verse?

Philippians 4:13

Medical Information:

Does a doctor examine the child regularly?

Sometimes he goes to the medical center and other times his mother checks him up.

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

N/A

What is the child's height? **4'6"** weight? **53 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?

Celso Rolando Cambar Morazan

Summary:

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

They thank God for this opportunity and bless the person that is willing to help their child.

This application was translated by: **Nolin Vargas**

Date (d/m/y): **May 10, 2006**

This application was approved by (pastor): **Flavio Varela**

Date (d/m/y): **May 5, 2006**

This application was approved by (director): **Flavio Varela**

Date (d/m/y): **May 5, 2006**

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: Celso Rolando Cámba Morazan
Nombre

Name child is called by if different: N.A
Otro Nombre o Apodo

Birthday (d/m/y): 31 de octubre 1997
Cumpleaños

Nationality: Hondureño
Nacionalidad

Country: Honduras
Pais

Town: Cantarranas "Las Tomas"
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.

el vive con sus padres y
hermanos el padre trabaja
poco y no gana mucho
se les hace difícil el estudio
y otras cosas.

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:	Laura Elizabeth Cámbor Morazan	Age:	6 años
Nombre		Edad	
Name:	Adriana Naemi Cámbor Morazan	Age:	9 años
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 Oscuro

What is the child's hair color?

Color de Pelo del Niño

castaño 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, tortillas, queso, mantequilla.

What is the child's favorite color?

El color favorite del Niño

blanco, 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

1^{er} grado

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

N. A

What toys does the child wish to have?

Que Juguetes le gustaria tener

Carros, bicicleta, camiones, trenes, patines, navas, barcos
nintendos.

What is the father's name?

Nombre del Padre

Carlos Rolando Cambar Hernandez.

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

// haciendo y reparando muebles, Gana

What is the mother's name?

Nombre de su madre

Carminda Maria Morazon Medina.

~ 2000
mensuales

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

N. A

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

casas de alquiler
Paredes = ladrillo y adobe
techo = adobe, tejas.
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

No tiene muebles, tiene cama, cocina
un solo cuarto y allí mismo es
sala, tienen corredor ella duerme
con su familia.

Spiritual Information:

Informacion Espiritual

Has the child accepted Christ as their personal Savior? si
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 va a la escuela Dominical
y tambien va a la escuela Sabatina.

What is the name of the church?

Nombre de la Iglesia

Bautista Gracia El Centro
Bautista Gracia Las Lajitas

What city is the church in?

En que pueblo esta la Iglesia

Cantarranas y Las Lajitas

What is the pastor's name?

Nombre del Pastor

Flavio Vanda

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorite del Niño

Filipenses 4:13.

Medical Information:

Informacion Medico

Does a doctor examine the child regularly?

Si el Niño es examinado regularmente por un doctor

A veces lo llevo al
centro de salud y otras
veces los examina su madre.

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)

N.A

What is the child's height? _____

Cuanto Mide el Niño

weight? _____

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? no

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

Who? Celso Bolando Cambar Morazan

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

Agradecen a Dios primeramente
por esta oportunidad y Bendicen
a las personas que estan
colaborando.

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): 10/12/2005

Fecha

This application was approved by (director): _____

Firma del Director del programa

Date (d/m/y): _____

Fecha