

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Junior Edgardo Cerrato

Name child is called by if different:

Birthday (d/m/y):

11/Jan/1998

Nationality:

Honduran

Country:

Honduras

Town:

Cantarranas, 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 his mother and grandfather because his father is dead. They have no house of their own, they live in the grandfather's house.

Family Information:

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

Name: **Katerine Estefani Cerrato** Age: **8 years old**

Name: **Deilyn Maryeli Cerrato** Age: **3 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?

Dark brown

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?

Beans, rice and tortillas

What is the child's favorite color?

Blue

Has the child ever gone to school?

Yes

What is the last grade completed?

1st grade

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

Yes

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

Cars and horses, but he has just a few of them.

What toys does the child wish to have?

A plane, bike and cuddly toys.

What is the father's name?

Tulio Rigoberto Ramos, his grandfather

What is the father's occupation and weekly salary?

Works fixing tires and earns 500 lempira per week (\$25)

What is the mother's name?

Griselda Beatriz Matute

What is the mother's occupation and weekly salary?

Works picking up tomatoes and earns 400 lempira per week (\$20)

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

The house has one bedroom, a living room and kitchen. The child has few clothes and shoes.

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

The house is made with adobe bricks, and the roofing is made from old clay tiles and the floor is made of cement. They have no furniture, no bed but they do have 3 chairs. The child sleeps on a mattress on the floor. The mother cooks on an adobe stove that is fueled by sticks gathered by the children. In their home there is no electricity and they must use candles to light their house. They also have no running water so they bring it from the stream that runs through their town. They have no bathroom either so they use the outdoors. In the winter, they must light a fire on the floor of the house to stay warm and this causes the house to fill with smoke making it difficult to breath.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

Yes

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

Yes, assists Sunday School

What is the name of the church?

Gracia Baptist Church

What city is the church in?

El Centro

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?

He visits a public and local medical center.

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

It's basically normal but usually he is sick with a cough. The smoke filled house aggravates his breathing.

What is the child's height? **4' 3"** weight? **60 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?

Griselda Beatriz Matute

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): **May 22, 2006**

This application was approved by (pastor): **Antonio Carcamo**

Date (d/m/y): **10/12/2005**

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

Date (d/m/y): **May 5, 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: Junior Edgardo Cerrato
Nombre

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

Birthday (d/m/y): 11/ Enero/ 1998
Cumpleaños

Nationality: hondureño
Nacionalidad

Country: Honduras
País

Town: Santamangas "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 llego a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

vive con la mamá y el abuelo porque el papá murió.
no tienen casa viven en casa del abuelo.

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:	Katherine Estepani Cerrato	Age:	8 años
Nombre		Edad	
Name:	Deilyn Maryely Cerrato	Age:	3 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	
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

negro

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

frijoles, arroz, tortillas

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

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

carros y caballos, pero tiene poquitos

What toys does the child wish to have?

Que Juguetes le gustaria tener

Un avion, bicicleta, peluches.

What is the father's name?

Nombre del Padre

Nombre del abuelo Tulio Rigoberto Ramos

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

trabaja de llantero y gana L500 a la semana

What is the mother's name?

Nombre de su madre

Griselda Beatriz Matute

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Trabaja en las tomateras y gana L400 a la semana.

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

la casa tiene cuarto, sala, cocina

El niño tiene poca ropa y zapatos.

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

la casa es de: paredes de adobe
techo: tejas
piso: cemento

no tiene muebles.

no tiene cama.

tiene 3 sillas

El niño duerme en un colchón.

Spiritual Information:

Información 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.

What is the name of the church? Iglesia Bautista Gracia

Nombre de la Iglesia

What city is the church in? Barrio El Centro

En que pueblo esta la Iglesia

What is the pastor's name? Flavio Varela

Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorito del Niño

Jn. 3:16

Medical Information:

Informacion Medico

Does a doctor examine the child regularly? Va 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 de tos.

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? Si

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

Who? Ginselda Beatriz Matute
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): ANTONIO CARCANO
Firma del Pastor que lo aprobo

Date (d/m/y): 70/12/2005
Fecha

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

Date (d/m/y): _____
Fecha