Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Laura Elizabel Cambar Morazan

Name child is called by if different:

Birthday (d/m/y):

10/10/1999

Nationality:

Honduran

Country:

Honduras

Town:

Cantaranas, Las Lomas

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 brothers and parents. The father works a little bit, doing furniture and he doesn't earn that much. Her sister has just died but they always move on with the help of the Lord Jesus Christ.

Family Information:

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

Name: Adr	iana Noemi Cambar Morazan	Age: 9 years old			
Name: Celso Rolando Cambar Morazan		Age: 8 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?

Dark brown

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Beans, rice, tortillas, cheese, butter, eggs

What is the child's favorite color?

Pink, green

Has the child ever gone to school?

No

What is the last grade completed?

Kindergarten

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

She is too young but she will enroll next year.

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

She has no toys to play with.

What toys does the child wish to have?

Dolls, toys, bicycle, girl cars, skates, Winnie the pooh

What is the father's name?

Carlos Rolando Cambar Hernandez

What is the father's occupation and weekly salary?

He works making and repairing furniture. Earns Lps. 2000 monthly (\$100)

What is the mother's name?

Carminda Maria Morazan Medina

What is the mother's occupation and weekly salary?

She works in the home.

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

They rent the house. It has mud brick and adobe walls. It has a brick floor and clay roofing tiles and the rest of the roof is made of asbestos.

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

It doesn't have much furniture, it has a bed, a kitchen and only one room. The bedroom room is inside the living room. It has 5 chairs and she sleeps with her family all in the same bed. The house does not have a bathroom so they have to use the outdoors. Also they do not have a kitchen or running water. The cooking is done outside on an adobe mud stove that is fueled by sticks that the children gather. The water is brought from the river that flows through their town. They also have no electricity. They use candles to light their house because they cannot afford kerosene lanterns.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

Yes

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

She goes to Sunday school and to Saturday school

What is the name of the church? Grace Baptist El Centro

Grace Baptist Las Lajitas

What city is the church in?

Cantarranas y 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?

She is treated at the health center, and her mother also examines her.

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

No

What is the child's height? 4'1" weight? 49 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?

Carlos Rolando Cambar Hernandes

Summary:

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

First of all they thank God for this opportunity and they bless the people that are collaborating with them.

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, 2006

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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.

Ella vive con sus padres y hermonos el padre trabaja poco haciendo muebles gana muy 9 poco hace poco les murio se pero ellos una, niña siquen adelante siempre con ayada Señor Jesucriste. Del

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: _	Adriana	Noemi	Cambor	Morazan	_Age:	9
Nombre	11	DI	011	11 /	Edad	
Name: _	Lelso	Holando	Vamboi	Novazan	_Age:	8
Nombre					Edad	
Name:					_Age:	
Nombre					Edad	
Name:					Age:	
Nombre					Edad	
Name:					Age:	
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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 Castaño OSCUTO What language(s) does the child speak? Que Idioma Habla el Niño

6-spañol

What are the typical foods eaten by the child? Que Tipo de Comida come el Niño

Frijoles Arroz forfillas, queso, mantequilla Hoeva. What is the child's favorite color? El color favorite del Niño hosado, Verde

4

Has the child ever gone to school?

Si el Niño has asistado la escuela nO What is the last grade completed? Cual fue el ultimo grado completado Kinder Is the child currently attending school? If not, why not. Si no va a la escuela entonges porque edad pero el proveimo año porque no tiene si ua air escuela. If the child has toys, what does he like the most? a 10 Que juguetes tiene el Niño What toys does the child wish to have? Que Juguetes le gustaria tener Huñecas, trastesitos, bicicleta, carritos de niña (hat is the father's name? Winny Poch, patines. What is the father's name? Nombre del Padre Hernandez Cambar (arlos Bolando What is the father's occupation and weekly salary? En que trabaja el Padre y cuanto Gana y reparando muebles, fana 220 11 haciendo Mensual What is the mother's name? Nombre de su madre Morazan Medina. Maria Carminda 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 Coso de Alguitor

> Paredes = ladrillo yadobe piso = ladrillo techo = adbesto, tejas.

> > 5

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 camo, cocina un solo cuarto y alli mismo sala corredor, tiene s sillas, 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

a la escuela Si va Pominical 4 tambien va a la escuela sabaling. What is the name of the church? Bau Gracia Nombre de la Iglesia Bau Gracia, Las What city is the church in? Cantarranas y las ai ilas En que pueblo esta la Iglesia

Varel

avio What is the pastor's name? Nombre del Pastor

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Does the child have a favorite Bible story or verse? Cual es el Versiculo favorite del Niño

Filipenses 4:13

Medical Information:

Informacion Medico

DIPA

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)

What is the child's height? _____ Cuanto Mide el Niño weight? _____

Placement Information:

Informacion General

Where is the child now living? (Con quien vive el Niño en este momento)

- U_Orphanage (orfanato)
- Christian Home (con una famila Cristiana)
- u 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 Sio NO

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor? $3\vec{r}$ Si el Niño va necesitar ayuda de un adulto para escribir sus cartas

Rolando Cámbor Hernandes Carlos Who? Quien

Summary: Informacion Final

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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

Apradecen 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): ANTONIO CARCONO Firma del Pastor que lo aprobo

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

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

Date (d/m/y):____ Fecha