

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Marco Tulio Pineda Borjas

Name child is called by if different:

Birthday (d/m/y):

18/10/1996

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.)

In the house there are 4 persons, 2 children and 2 adults. The father doesn't live with them most of the time, they live only with the mother.

Family Information:

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

Name: **Luis Fernando Pineda Borjas** Age: **5 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?

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?

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

What is the child's favorite color?

Blue

Has the child ever gone to school?

Yes

What is the last grade completed?

4th grade

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

Yes

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

Yes, just a few.

What toys does the child have?

Trucks, bikes, cars and balls.

What is the father's name?

Santiago Pineda

What is the father's occupation and weekly salary?

He works as a retailer and earns 1000 lempiras per week; He also works in a farm. (\$50)

What is the mother's name?

Gladis Yolanda Borjas

What is the mother's occupation and weekly salary?

She sells tortillas and banana with chocolate, wins 50 lempiras per day. (\$2.50)

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

The house has walls made of adobe and clay roofing tile and the floor is made of cement. The house is rented.

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

The house has a living room, a bedroom and a kitchen but there is no furniture. He sleeps with his brother on the floor with a sheet. They have no electricity or running water. They bring the water in from the river that runs through their town and they use candles to light the house at night. The father is not always there because he has to work so much to provide for the family. Their mom cooks on an adobe stove that is inside the house so when she is cooking the house fills with smoke. They also use the floor to light a fire in the cold weather to stay warm. This also fills the house with smoke and causes breathing problems. They also do not have a bathroom but they do have an outhouse.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

Yes

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

Yes

What is the name of the church?

Gracia Las Lajitas Iglesia Baptist and El Centro Gracia Baptist Church

What city is the church in?

Las Lajitas and El Centro

What is the pastor's name?

Flavio Varela and Antonio Carcamo

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 local and public medical center.

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

His health is normal.

What is the child's height? **4' 9"** weight? **83 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?

The teacher of the children's dining room.

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, 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: Marco Tulio Pineda Borjas.
Nombre

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

Birthday (d/m/y): 18/sept/1996
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 llego a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

En la casa viven 4.

Niños 2

Adultos 2.

El papa' casi no esta' mucho con ellos
mas que todo viven con la mama'.

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>Juis Fernando Pineda Borjas</u>	Age: <u>saños.</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

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

Aroz, frijoles, queso, tortillas, cafe', pan.

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

4to 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

poquitos.

What toys does the child wish to have?

Que Juguetes le gustaria tener

bolquetas, bicicletas, carritos, pelotas.

What is the father's name?

Nombre del Padre

Santiago Pineda

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Comerciante gana \$1000.00 al mes.
cuando le sale trabajo de llevar ganado.

What is the mother's name?

Nombre de su madre

Gladis Yolanda Rojas.

Vende tortillas y chocobananos gana \$2.50.00 diarias.

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

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: teja
piso: cemento.
Alquila.

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

Casa tiene sala - 1 dormitorio, cocina.
no tiene muebles
tiene sillas 6.
Marco Tulio duerme con el hermanito.

Spiritual Information:

Informacion Espiritual

Has the child accepted Christ as their personal Savior? SÍ
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

SÍ

What is the name of the church? Iglesia Bautista Gracia "las fajitas" El Centro.
Nombre de la Iglesia

What city is the church in? las fajitas y en El Centro.
En que pueblo esta la Iglesia

What is the pastor's name? Flavio Varela y Antonio Caicamo.
Nombre del Pastor

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

Juan 3:16.

Medical Information:

Informacion Medico

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)

Normal.

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

Who? Las maestras 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): 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