

Application for Sponsorship

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

I.D. _____

Personal Information on the child:

Name:

Mayra Rebeca Martinez Zavala

Name child is called by if different:

Birthday (d/m/y):

May 31, 1998

Nationality:

Honduran

Country:

Honduras

Town:

Hatillo

What is the child's current status?

Orphan

Abandoned

X 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.)

Hi. My name is Mavra Rebeca Martinez Zavala. I speak Spanish, I am from Honduras Central America. I am 8 year old, my birth date is, May, 31,1998.

I, have dark brown hair, dark Brown-eyes , I' m 3feet 9 in. tall ,weigh 44 pounds , I'm in 3d grade, and my favorite color is dark pink. I have I brother and 4 sisters, and I live in a village named El Hatillo in the central mountains of our country.

I live with my mother . The walls where we live are made of, mud block, the roof is clay tile, with a cement floor.

I sleep with my mother. We do have running water, and a flushable toilet, but no electricity, we use kerosene lanterns and candles.

My Father passed away, so my mother works as a maid, cleaning houses, and earns about \$15 a week. Here we normally eat tortillas, beans, rice, or spaghetti, and some times meat.

I have shoes, very few clothes , I play with toy dishes, but would like to have a bike, dolls, and hair bows, and pony tail holders.

Family Information:

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

Name:	Sonia Yadira Martinez Zelaya	Age: 24
Name:	Linda Maria Martinez Zavala	Age: 25
Name:	Bessy Xiomara Martinez Zavala	Age: 22
Name:	Josue Roberto Martinez Zavala	Age: 20
Name:	Deisy Sarai Martinez Zavala	Age: 16

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, potato, rice, spaghettis

What is the child's favorite color?

Dark pink

Has the child ever gone to school?

Yes

What is the last grade completed?

2 grade

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

Yes

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

Plastic dishes

What toys does the child wish to have?

Bike, dolls, hair bows and pony tail holders.

What is the father's name?

He died

What is the father's occupation and weekly salary?

What is the mother's name?

Juana Daysi Zavala Romero

What is the mother's occupation and weekly salary?

Work as a housekeeper earns about L. 300 weekly (about \$15)

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

I live with my mother, the walls where we live are made of, mud block, the roof is clay tile, with a cement floor. I have shoes, very few clothes

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

I sleep with my mother, we do have running water, and flushable toilet, but no electricity, we use kerosene lanterns and candles. We don't have any kind of furniture. We have no chair, no table and no bed. We sleep on the floor on blankets. My mother cooks on an adobe stove that makes the house fill with smoke.

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?

Grace Baptist

What city is the church in?

Hatillo

What is the pastor's name?

Flavio Varela

Does the child have a favorite Bible story or verse?

No.

Medical Information:

Does a doctor examine the child regularly?

No

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

Health Center

What is the child's height? **3'9** weight? **44**

Placement Information:

Where is the child now living?

Orphanage

Christian Home

x **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?

Juana Daysi Zavala

This application was translated by: **Melyssa Cabrera**

Date (d/m/y): **June 13, 2006**

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

Date (d/m/y): **June 8, 2006**

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

Date (d/m/y): **June 8, 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: Mayra Rebeca Martinez Zavala
Nombre

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

Birthday (d/m/y): 31 de mayo de 1998
Cumpleaños

Nationality: Hondureña
Nacionalidad

Country: _____
Pais

Town: El Hatillo
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)

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>Sonia Yadira Martinez Zavala</u>	Age:	<u>24</u>
Nombre		Edad	
Name:	<u>Linda Maria Martinez Zavala</u>	Age:	<u>25</u>
Nombre		Edad	
Name:	<u>Bessy Xiomara Martinez Zavala</u>	Age:	<u>22</u>
Nombre		Edad	
Name:	<u>Josue Roberto Martinez Zavala</u>	Age:	<u>20</u>
Nombre		Edad	
Name:	<u>Deysi Sarai Martinez Zavala</u>	Age:	<u>16</u>
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

Café 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

frijoles, papa, arroz, spaguetis, cuajada

What is the child's favorite color?

El color favorite del Niño

Rosado oscuro

Has the child ever gone to school?

Si el Niño has asistado la escuela

What is the last grade completed?

Cual fue el ultimo grado completado

7do 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

juego de cocina,

What toys does the child have?

Que Juguetes le gustaria tener

bicicleta, muñecas, bolas y ganchitos

What is the father's name?

Nombre del Padre

Murió

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

Juana Daysi Zavala Romero

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

~~Amada~~ Trabajadora Doméstica y gana \$300.00 semanales

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

Es una casa grande de adobes, techo de tejas y piso de cemento, servicio lavable, agua potable

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

Duerme con su mamá (1 sola cama) no tiene
ningún tipo de muebles

Spiritual Information:

Información 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
Nombre de la Iglesia

What city is the church in? El Hato
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 favorite del Niño

Medical Information:

Informacion Medico

Does a doctor examine the child regularly? No
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 llevada al Centro de Salud

What is the child's height? P. 3'9"
Cuanto Mide el Niño

weight? 44 lbs
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? Juana Daysi Zavala
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