

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Carmen Noemí Mejia Castro

Name child is called by if different:

Birthday (d/m/y):

February 2, 1997

Nationality:

Honduran

Country:

Honduras

Town:

El Hatillo

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.)

Hi! My name is Carmen Noemi Meia Castro, I speak Spanish. I am from Honduras Central America. I am 9 years old, my birth date is February 2, 1997. I have brown hair and brown eyes. I am 3 feet 11 inches tall and weigh 42 pounds. I'm in the 2nd grade, and my favorite color is light brown.

I have three brothers and two sisters and I live in a village named El Hatillo in the central mountains of our country. I live with my family in a hand made house. The walls are made of mud with sticks and rocks, the roof is tin, and the floor is dirt. I sleep with one of my sisters. We have running water, but no flushable toilet, only an outhouse.

My father works in the farming fields, and he makes about \$21 a week.

Here we normally eat tortillas, beans , and rice, sometimes eggs, or cheese, and not often but sometimes meat.

I have no toys, but would like have dolls, dishes, and a bike.

Family Information:

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

Name:	Vilma Isabel Mejia Castro	Age: 22 years old
Name:	Santos Francisco Mejia Castro	Age: 19 years old
Name:	Raul Gonzalo Mejia Castro	Age: 15 years old
Name:	Miriam Yamileth Mejia Castro	Age: 12 years old
Name:	Victor Manuel Mejia Castro	Age: 3 years old

What is the child's eye color?

Dark brown

What is the child's hair color?

Light brown

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Beans, rice, eggs, spaghetti and tortillas

What is the child's favorite color?

Light brown

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?

She doesn't have any.

What toys does the child wish to have?

Dolls, a set of toy dishes and a bike

What is the father's name?

Santos Victor Mejia

What is the father's occupation and weekly salary?

He works the land, earns 20 dollars per week.

What is the mother's name?

Carmen Damiana Castro

What is the mother's occupation and weekly salary?

She is a housewife.

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

The house is very small and the walls are made of stones, mud and wood. The roof is tin and the floor is mud. They have running water and a latrine outside.

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

She sleeps with Miriam, her sister, and they have no furniture. They have no electricity but use candles to light the house. Their mom cooks on an adobe stove that fills the house with smoke and soot and makes breathing difficult. In the winter they have to keep their door closed so it makes the smoke even thicker. Their home is a huddle and is easily toppled. They are

doing the best they can do but the family is very poor. Seldom do they have good food to eat. Their floor is just the dirt that turns to mud when it rains and their tin roof leaks.

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 Church

What city is the church in?

El 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, usually she is taken to a local and public clinic.

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

No

What is the child's height? **3 ft and 11 inches** weight? **42 pounds**

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?

Wilma Isabel Mejia

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): **August 14, 2006**

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

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

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

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

Application for Sponsorship

Touch a Life

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I.D. _____

Personal Information on the child:

Informacion Personal del Niño

Name: Carmen Noemi Mejia Castro
Nombre

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

Birthday (d/m/y): _____
Cumpleaños

Nationality: Hondureña
Nacionalidad

Country: _____
Pais

Town: El Hobillo
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>Yilma Isabel Mejía Castro</u>	Age:	<u>22</u>
Nombre		Edad	
Name:	<u>Santos Francisco Mejía Castro</u>	Age:	<u>19</u>
Nombre		Edad	
Name:	<u>Raúl González Mejía Castro</u>	Age:	<u>15</u>
Nombre		Edad	
Name:	<u>Miniam Yamileth Mejía Castro</u>	Age:	<u>10</u>
Nombre		Edad	
Name:	<u>Victor Manuel Mejía Castro</u>	Age:	<u>3</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

Castaño

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, spaghetti, huevo, tortillas

What is the child's favorite color?

El color favorito del Niño

Café claro

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

1º 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

No tiene

What toys does the child have?

Que Juguetes le gustaria tener

muñecas, juego de cocina, bicicleta

What is the father's name?

Nombre del Padre

Santos Victor Mejia

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Agricultura y gana \$65.00 diarios

What is the mother's name?

Nombre de su madre

Cosmen Damiana Castro

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Ama de casa

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 pequeña, paredes embutidas (piedras, lodo y ~~plomo~~), techo de lamina y piso de tierra, agua potable y letrina.

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 Miriam su hermana y no cuenta
con ningún tipo de muebles.

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

What is the name of the church? Iglesia Bautista Gracia
Nombre de la Iglesia

What city is the church in? El Hatillo
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? 7'3"11
Cuanto Mide el Niño

weight? 42 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? Wilma Isabel Mejra
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