

Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Maynor Gustavo Izaguirre Garcia**

Name child is called by if different: **No**

Birthday (d/m/y): **2/13/2007**

Gender: **Male**

Nationality: **Honduran**

Country: **Honduras**

Town: **Villa de San Francisco F.M.**

What is the child's current status?

Destitute

Family Information:

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

Dayana Nicol Garcia, Age 12

Miladis Isabela Garcia, Age 9

Lena Roxana Izaguirre Garcia, Age 4

Ami Edith Izaguirre Garcia, Age 2

Lissi Fernanda Izaguirre Garcia, Age 7 months

What is the child's eye color? **Light green**

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? **All kinds of foods, including fruits and vegetables**

What is the child's favorite color? **Blue**

Has the child ever gone to school? **Not mentioned**

What is the last grade completed? **None**

Is the child currently attending school? If not, why not? **Yes, the child attends class**

If the child has toys, what does he like the most? **He has none**

What toys does the child wish to have? **Cars, bicycle, balls, cartoons, soccer balls**

What is the father's name? **Gustavo Rene Izaguirre**

What is the father's occupation and weekly salary? **Agriculture worker, 1.500 every two weeks**

What is the mother's name? **Erika Roxana Lopez**

What is the mother's occupation and weekly salary? **Homemaker**

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

His house is humble, the child doesn't have space to play, there are trees planted around the house.

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

The house is made of adobe and has 5 rooms, the floor is made of dirt, the bed where he sleeps is made of wood and he sleeps with his father.

Spiritual Information:

Has the child accepted Christ as their personal Savior? **No**

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

What is the name of the church? **Amor y Fe (Love and Faith)**

What city is the church in? **Aldea El Pedregal**

What is the pastor's name? **Oscar Armando Ponce**

Does the child have a favorite Bible story or verse? **Psalm 23**

Medical Information:

Does a doctor examine the child regularly?

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

What is the child's height? **114** Weight? **19.4 kg**

Placement Information:

Where is the child now living?

With their own family

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?

Erica Roxana Lopez

Summary:

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

This application was translated by: **Turk Services**

Date (d/m/y): **06/19/2013**

This application was approved by (pastor):

Date (d/m/y):

This application was approved by (director):

Date (d/m/y):

Application for Sponsorship

Touch a Life

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

I.D. 0827-2007-00045

Personal Information on the child:

Informacion Personal del Niño

Name: Maynor Gustavo Izaguirre Garcia
Nombre

Name child is called by if different: No
Otro Nombre o Apodo

Gender: Masculino
Género

Birthday (d/m/y): 13 (Día)/ febrero (Mes)/ 2007 (Año)
Fecha de nacimiento

Nationality: hondureño
Nacionalidad

Country: Honduras.
Pais

Town: Villa de San Francisco F.M.
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.

Nunca el niño ha sido abandonado por sus Padres.

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>Dayana Nicol Garcia</u>	Age:	<u>12</u>
Nombre		Edad	
Name:	<u>Miladis Isabella Garcia</u>	Age:	<u>9</u>
Nombre		Edad	
Name:	<u>Iena Roxana Tzaguirre Garcia</u>	Age:	<u>4</u>
Nombre		Edad	
Name:	<u>Ami Edith Tzaguirre Garcia</u>	Age:	<u>2</u>
Nombre		Edad	
Name:	<u>Lissi Fernanda Tzaguirre Garcia</u>	Age:	<u>7 meses</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

~~cafe~~ Verde claro.

What is the child's hair color?

Color de Pelo del Niño

Castano 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

todo tipo de comida incluyendo frutas y vegetales.

What is the child's favorite color?

El color favorito del Niño

Azul.

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

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

Si no va a la escuela entonces porque

Si asiste a clases el niño

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

Que juguetes tiene el Niño

No tiene

What toys does the child wish to have?

Que Juguetes le gustaria tener

Carros, bicicletas, Pelotas, Pichingos, balones

What is the father's name?

Nombre del Padre

Gustavo Rene Izaquirre

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Agricultor. Lps. 1.500 Quincenal.

What is the mother's name?

Nombre de su madre

Erika Roxana Lopez

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

Su casa es humilde tiene no tiene espacio
Para jugar el niño tienen árboles sembrados
al rededor de su casa.

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

Su casa es de adobes tiene 3 piezas su piso
es de tierra la cama donde duerme es de madero
duerme con su papá.

Spiritual Information:

Informacion Espiritual

Has the child accepted Christ as their personal Savior? No
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? Amar y fe
Nombre de la Iglesia

What city is the church in? Aldea El Pedregal
En que pueblo esta la Iglesia

What is the pastor's name? Oscar Armando Ponce
Nombre del Pastor

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

Salmo 23.

Medical Information:

Informacion Medico

Does a doctor examine the child regularly? _____
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)

What is the child's height? 114
Cuanto Mide el Niño

weight? 19.4 kg
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? Erika Roxana Lopez
Quien

Orphanage Information:

Informacion del Orfanato

(Complete these questions only if the child has been placed in an orphanage.)

(Escribe aqui solo si el Niño es un huérfano)

Where is the orphanage located?

Adonde queda el Orfanato

What is the name of the adult who is responsible for the orphanage?

Como se llama el encargado del Orfanato

Christian Home Information:

Informacion del niño si el vive con otra familia

(Complete these questions only if the child has been placed in the home of a Christian family.)

(Escribe aqui solo si el Niño no vive con su propia familia)

What is the name of this family? _____

Nombre de la familia

Where does this family live? _____

Adonde vive la Familia

Of what materials is their house made? _____

De que es hecho la casa adonde vive

How many rooms does it have? _____

Cuantos cuartos tiene

What is the occupation of the father? _____

De que vive el padrasto

Are the husband and wife both Christians? _____

Si son Cristianos

Are they church members in good standing? _____

Si son la familia son miembros fieles en la Iglesia

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

