

Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Belkin Yanelly Pineda Garcia**

Name child is called by if different: **none**

Birthday (d/m/y): **10/2/2010**

Gender: **Female**

Nationality: **Honduran**

Country: **Honduras**

Town: **Suyapa Cantarranas**

What is the child's current status?

Destitute

How did the child get in this situation?

Family Information:

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

Maynor Noel Pineda Garcia, 9
Vanessa Yolibeth Garcia Garcia, 12
Melissa Yoselin Pineda Garcia, 6
Geylin Itzayana Pineda Garcia, 7
Yessenia Dariela Garcia Garcia, 13
Yeferson Daniel Pineda Garcia, 2

What is the child's eye color? **coffee**

What is the child's hair color? **brown**

What language(s) does the child speak? **Spanish**

What are the typical foods eaten by the child? **rice and beans**

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

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

What is the last grade completed?

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

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

What toys does the child wish to have? **bicycle**

What is the father's name? **Melvin Joel Pienda Velasques**

What is the father's occupation and weekly salary? **Farmer, 100 lempiras**

What is the mother's name? **Rosibel Garcia**

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

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

extreme poverty, their house does not have the basic services, like drinking water.

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

She sleeps with her little sisters in a wood bed, covering with only one blanket. They don't have a chair for every member of the family. No balanced diet.

Spiritual Information:

Has the child accepted Christ as their personal Savior? **Yes**

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

What is the name of the church? **Arbol de Vida**

What city is the church in? **In the community of Suyapa**

What is the pastor's name? **Rey**

Does the child have a favorite Bible story or verse? **Genesis 11-1**

Medical Information:

Does a doctor examine the child regularly? **no**

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

no

What is the child's height? **39**

Weight? **29**

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?

no

Who?

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): **8/1/2013**

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. _____

Personal Information on the child:

Informacion Personal del Niño

Name: Belkin Yancy Pineda Garcia
Nombre

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

Gender: Femenino
Género

Birthday (d/m/y): _____ (Día) Diez (Mes) Febrero (Año) 2010
Fecha de nacimiento

Nationality: Hondureña
Nacionalidad

Country: Honduras
Pais

Town: Suyapa Cantarranas
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 llevo a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

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:	Maynor noel pineda Garcia	Age:	9
Nombre		Edad	
Name:	vanessa yolibeth Garcia Garcia	Age:	12
Nombre		Edad	
Name:	melissa yoselin pineda Garcia	Age:	6
Nombre		Edad	
Name:	Geylin itzayana pineda Garcia	Age:	7
Nombre		Edad	
Name:	yessenia Daniela Garcia Garcia	Age:	13
Nombre		Edad	
Name:	yesssion Daniel pineda Garcia	Age:	2
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

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 arroz con frijoles

What is the child's favorite color?

El color favorito del Niño morado

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

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 *ninguno*

What toys does the child wish to have?

Que Juguetes le gustaria tener *una bisigleta*

What is the father's name?

Nombre del Padre *Melvin Joel Pineda Velasquez*

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana *agricultura*
gana 100 lempiros

What is the mother's name?

Nombre de su madre *Rosibel Garcia*

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

oficios domesticos no trabaja

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

extrema pobreza su casa no posee
los servicios básicos como 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 sus hermanitas
en una cama de tabla arropandose
con una sola cobija no tiene una
silla para cada miembro de la familia
no tienen una dieta balanceada

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

What is the name of the church? árbol de vida

Nombre de la Iglesia

What city is the church in? aquí en la comunidad de Suyapa

En que pueblo esta la Iglesia

What is the pastor's name? Rey

Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorito del Niño

Genesis 11-1

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)

NO

What is the child's height? 39
Cuanto Mide el Niño

weight? 29
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? NO

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

Who? _____
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