Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Lizy Yulibeth Hernandez Bustillo**

Name child is called by if different:

Birthday (d/m/y):   **28-Oct-05**

Gender: **Female**

Nationality: **Honduran**

Country: **Honduras**

Town: **San Juan de Flores**

What is the child's current status?

  Poor, living with their family

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.)

There is a lack of financial means to provide the daily bread, cannot provide 3 meals a day, nor provide a decent nutrition.

Family Information:

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

Kaila, 10
Stefany, 8
Carlo, 1

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

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

What language(s) does the child speak?

What are the typical foods eaten by the child?

What is the child's favorite color?

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?

What toys does the child wish to have?

What is the father's name?

What is the father's occupation and weekly salary?

What is the mother's name?

What is the mother's occupation and weekly salary?

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

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

Spiritual Information:

Has the child accepted Christ as their personal Savior?

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

What is the name of the church?

What city is the church in?

What is the pastor's name?

Does the child have a favorite Bible story or verse?

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?   Weight?

Placement Information:

Where is the child now living?

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?

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor?

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): **1/13/2011**

This application was approved by (pastor):

Date (d/m/y):

This application was approved by (director):

Date (d/m/y):

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: Lizy   Yulibeth   Hernandez   Bustillo
Nombre

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

Gender: Femenino.

Birthday (d/m/y): 28 - Octubre - 2005
Cumpleañños

Nationality: Hondureña
Nacionalidad

Country: Honduras
Pais

Town: San Juan de Flores
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.

Falta de dinero para daile el pan de cada día, no poder daile los 3 tiempos Ni daile alimentación digna.

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: _Kayla_____ Age: _10_
Nombre   Edad
Name: _Stefany_____ Age: _8_
Nombre   Edad
Name: _Carlo_____ Age: _1_
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

What is the child's hair color?
Color de Pelo del Niño → Costaño

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, Frijoles, Huevos.

What is the child's favorite color?
El color favorite del Niño
Rosado.

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 No esta en edad.

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 → Muñeca, baubie

What is the father's name?
Nombre del Padre
Carlos Hernandez

What is the father's occupation and weekly salary?
En que trabaja el Padre y cuanto Gana

What is the mother's name?
Nombre de su madre
Daysi Bustillos

What is the mother's occupation and weekly salary?
Trabajo de su madre y cuanto gana
Lava Ropa. $ 60 diarios.

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

Casa alquilada, Tiene 2 cuartos
Elaborada de ladrillo, piso, techo de lamina
Posee energia, 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

Duermen en cama plegable, la comparte
con sus hermanas.
Tiene 2 mesas con 3 sillas,
Cocina en Fogón

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

No

What is the name of the church? _____
Nombre de la Iglesia

What city is the church in? _____
En que pueblo esta la Iglesia

What is the pastor's name? _____
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? _Si, 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)

What is the child's height? _90 cm_   weight? _40 lb._
Cuanto Mide el Niño   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 famila 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) 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? _Su madre._
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): _Flavio Varela._____
Firma del Pastor que lo aprobo

Date (d/m/y): 26 Junio - 2010
Fecha

This application was approved by (director): _____
Firma del Director del programa

Date (d/m/y):_____
Fecha