

Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Josue Alexander Nunez Castro**

Name child is called by if different:

Birthday (d/m/y): **14/04/2008**

Gender: **Male**

Nationality: **Honduran**

Country: **Honduras**

Town: **Aldea El Pedregal**

What is the child's current status?

Not Provided

Family Information:

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

Joel Isaías Nunez Castro (13 years old)

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

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

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

What are the typical foods eaten by the child? **various types of food**

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

Has the child ever gone to school? **Yes**

What is the last grade completed? **Kinder**

Is the child currently attending school? If not, why not? **Yes he is in kinder**

If the child has toys, what does he like the most? **cars, dolls, stuffed animals**

What toys does the child wish to have? **A big motorcycle toy**

What is the father's name? **Pedro Castro (Grandfather)**

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

What is the mother's name? **Doris Lizeth Castro**

What is the mother's occupation and weekly salary? **Maid /3000 Lempiras a month**

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

The child lives with his grandparents, his mother is a single mother. He sleeps with his aunt Karina.

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

The house is made of adobe, with cement floor and a tin roof. He sleeps with his aunt Karina.

Spiritual Information:

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

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? **No**

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

What is the child's height? **41 inches** Weight? **37lbs**

Placement Information:

Where is the child now living? **With his grandparents**

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?

Karina Castro (his aunt)

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): **7/4/2014**

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. 0827-2008-00127

Personal Information on the child:

Información Personal del Niño

Name: Josue Alexander Nuñez Castro
Nombre

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

Gender: Masculino
Género

Birthday (d/m/y): 14 (Día)/ Abril (Mes)/ 2008 (Año)
Fecha de nacimiento

Nationality: Hondureña
Nacionalidad

Country: Honduras
País

Town: Aldea El pedregal.
Pueblo

What is the child's current status?

Condición 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>Joel Isaias Nuñez Castro</u>	Age: <u>13</u>
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
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 Negro

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 de varios tipos de Comida

What is the child's favorite color?

El color favorite del Niño Rojo

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

Asiste al Kinder

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

Que juguetes tiene el Niño

Carros, pelotas, peluches

What toys does the child wish to have?

Que Juguetes le gustaria tener

Una moto de juguete grande

What is the father's name?

Nombre del Padre

Pedro Castro (abuelo)

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Agricultor

What is the mother's name?

Nombre de su madre

Doris Lizeth Castro

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Trabajadora domestica L.3,000 = al mes.

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

El niño vive con sus abuelos su madre es madre soltera el duerme con su tia Karina

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

La Casa de sus abuelos es de adobe
de piso fundido y el techo es de
lamina, el duerme con su tia Karina

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

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? 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? 41 pulgadas weight? 37 libras
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 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 el Niño va necesitar ayuda de un adulto para escribir sus cartas

Who? Karina Castro (Tia del niño)
Quien