

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name: ADWOCING-RWOTH SAMUEL

Name child is called by if different:

Birthday (d/m/y): 02/08/2009

Gender: MALE

Nationality: UGANDANS

Country: UGANDA

Town: NGORO

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.)

The father and the mother of this boy died from HIV/AIDS and the boy left became an orphan to his grand mother

Family Information:

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

Name: *JANONY - PATRICE*

Age: *4 yrs old*

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

What is the child's eye color?

BLACK AND WHITE

What is the child's hair color?

BLACK

What language(s) does the child speak?

AMR (two) and little ENGLISH

What are the typical foods eaten by the child?

CASSAVA, COCOBAM, RICE, MACOS, BEANS, MEAT, G-V, FISH etc.

What is the child's favorite color?

BLACK

Has the child ever gone to school?

YES

What is the last grade completed?

He completed Primary One (P.I)

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

Yes.

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

Toy Car.

What toys does the child wish to have?

Aeroplane Toy,

What is the father's name? Deceased (late Oribi Ceaser.)

What is the father's occupation and weekly salary? -

What is the mother's name? Deceased (late Joyce Akumasi.)

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.)

The boy has 2 pair of trousers, 2 pair of shorts and shirts, and one pair of shoes: One bed sheet.

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

The boy lives with the grand mother in a grass Thatchek house.

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?

GREATER GRACE CHURCH - NORRIS

What city is the church in?

NORRIS TOWN

What is the pastor's name?

OTIS GODFREY

Does the child have a favorite Bible story or verse?

Yes

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?

3' 8 ft.

weight?

17 Kgs.

Placement Information:

Where is the child now living?

- ☒ Orphanage
- ☐ Christian Home
- ☐ 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?

SUNDAY SCHOOL TEACHER.

Orphanage Information:

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

Where is the orphanage located?

ANGEL TOWN BOARDS

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

PASTOR DEWITT ALFRED

Christian Home Information:

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

What is the name of this family?

Where does this family live?

Of what materials is their house made?

How many rooms does it have?

What is the occupation of the father?

Are the husband and wife both Christians?

Are they church members in good standing?

Summary:

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

This application was translated by: OTING GOSFREY Att.

Date (d/m/y): 12/01/2018

This application was approved by (pastor): OTING GOSFREY Att.

Date (d/m/y): 12/01/2018

This application was approved by (director): Oenoun Altned

Date (d/m/y): 12/01/2018

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