

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name: DEEKSHITH • G

Name child is called by if different:

Birthday (d/m/y): 30. JAN. 2012.

Gender: BOY

Nationality: INDIAN

Country: INDIA

Town: BANGALORE.

What is the child's current status?

- ☐ Orphan
- ☐ Abandoned
- ☐ Destitute
- ☒ Other very poor
down trodden.

Family Information:

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

Name: Sanjay	Age: 14
Name: Bharath	Age: 9
Name: Gokul	Age: 4
Name: Shivangi	Age: 2
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

What is the child's eye color?

Black

What is the child's hair color?

Black

What language(s) does the child speak?

Tamil

What are the typical foods eaten by the child?

Chicken Biryani

What is the child's favorite color?

White

Has the child ever gone to school?

Yes

What is the last grade completed?

1st Standard

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

Yes

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

No

What toys does the child wish to have?

Vehicle Toys

What is the father's name?

Gopi

What is the father's occupation and weekly salary?

Painter

What is the mother's name?

Uma

What is the mother's occupation and weekly salary?

House - maid

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

A Fan, A Cot, A Mat, Pillows
Kerosene Stove and some
vessels for cooking

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

They stay in a single room rented house. They use the same room for cooking, sleeping and studying. They do not have a clean rest-room. The rest-rooms are used by three families. No proper water supply. The Corporation provides water once in two days. Sometimes they may have to walk a kilometer to fetch water and store the same in plastic pots.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

Has to know enough to accept Christ

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

Yes

What is the name of the church?

MIZPAH CHRISTIAN ASSEMBLY

What city is the church in?

BANGALORE

What is the pastor's name?

N. BABU PRASAD

Does the child have a favorite Bible story or verse?

Daniel's Story

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?

weight?

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: _____

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

PLEASE ~~WRITE~~ WRITE A STORY ABOUT HOW THE CHILD BECAME ABANDONED

The child is from a very poor background. Father is a drunkard and doesn't take care of the family. He gives only very little amount per week to run the family. Mother finds very difficult to take care of the necessities of the family and the children. Though she works as a house maid, she gets very less pay and trying to maintain the family.

Orphanage Information:

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

Where is the orphanage located?

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

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:

Date (d/m/y):

This application was approved by (pastor):

Date (d/m/y): N. B. [Signature]

This application was approved by (director):

Date (d/m/y): 26-July-2019