

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):

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Información 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
Cumpleaños

Nationality: Hondureña
Nacionalidad

Country: Honduras
Pais

Town: San Juan de Flores
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)

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 lleo a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Utilice otro papel.

Falta de dinero para darle
el pan de cada día, no
poder darle los 3 tiempos
Ni darle 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:	Karla	Age:	20
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	

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 → 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, Frijoles, Huevo.

What is the child's favorite color?

El color favorito 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, bambre

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

Deysi 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 energía, 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 el Niño es examinado regularmente por un doctor

Si, Centro de Salud.

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?

Cuanto Mide el Niño

90 cm

weight?

Peso

40 lb.**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 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?

Quien

Si madre.

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