

## Application for Sponsorship

# Touch a Life

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

### Personal Information on the child:

Name: **Alan Josue Pineda Cardona**

Name child is called by if different:

Birthday (d/m/y): **September 8,2007**

Gender: **Male**

Nationality: **Honduran**

Country: **Honduras**

Town: **Bartolo**

What is the child's current status?

**Destitute**

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.)

Alan Josue is deaf. His mother left him to live with his grandmother. His grandmother is deaf.

**Family Information:**

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

Valeria Duno, 1

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

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

What language(s) does the child speak? **He is deaf**

What are the typical foods eaten by the child? **Rice and beans**

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

Has the child ever gone to school? **No**

What is the last grade completed? **No**

Is the child currently attending school? If not, why not? **No, he is deaf**

If the child has toys, what does he like the most? **No**

What toys does the child wish to have? **Cars**

What is the father's name? **N/A**

What is the father's occupation and weekly salary? **N/A**

What is the mother's name? **Grandmother, Marilena Pineda**

What is the mother's occupation and weekly salary? **His mother works in another city to help his grandmother**

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

They live in a mud brick home with a tin roof. They have one room with a living room and kitchen. They dont have electricity nor running water. They get water from a well.

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

N/A

**Spiritual Information:**

Has the child accepted Christ as their personal Savior? **N/A**

Does the child attend Sunday School regularly? If not, why not? **N/A**

What is the name of the church? **N/A**

What city is the church in? **N/A**

What is the pastor's name? **N/A**

Does the child have a favorite Bible story or verse? **N/A**

**Medical Information:**

Does a doctor examine the child regularly? **Yes**

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

**Yes, he is deaf**

What is the child's height? **3 ft**

Weight? **35 lbs**

**Placement Information:**

Where is the child now living?

**With their own family**

**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?

**His cousin**

**Summary:**

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

N/A

This application was translated by: **Turk Services**

Date (d/m/y): **7/18/2012**

This application was approved by (pastor):

Date (d/m/y): **N/A**

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. 0824-2007-00822

**Personal Information on the child:**

información Personal del Niño

Name: Alan Josue Pineda Cardona  
Nombre

Name child is called by if different: \_\_\_\_\_  
Otro nombre o Apodo

Gender: Male

Niño Sordo  
Deaf Boy

Birthday (d/m/y): 09/08/2007  
Cumpleaños

Nationality: Honduran  
Nacionalidad

Country: Honduras  
Pais

Town: Bartolo  
Pueblo

**What is the child's current status?**

Condición del Niño

- ☐ Orphan (Huérfano)
- ☐ 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.)

Por favor Escribe una pequeña historia de cómo el niño llegó a ser huérfano o

Pobro o abandonado. Use muchos detalles si es posible. Si es mucho

Usa más papel.

Alan Joske is deaf. His mother  
left him to live with his grandmother.  
His grandmother is deaf.



**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, describa sus nombres y edades:

Name:	<u>Valeria Dima</u>	Age:	<u>1</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:	

What is the child's eye color? Brown

What is the child's hair color? Black

What language(s) does the child speak? He is deaf

What are the typical foods eaten by the child? Rice & Beans

What is the child's favorite color? Blue

Has the child ever gone to school? No

Si o Nino ha asistido la escuela

What is the last grade completed? No he

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

Si no va a la escuela ¿por que?

~~But~~ He is deaf

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

¿Qué juguetes le gusta más?

No

What toys does the child wish to have?

¿Qué juguetes le gustaria tener?

Cars

What is the father's name?

Nombre del Padre

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

grandmother ' Marielena Pineda

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

His mother works in an other city to help his grandmother

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

They live in a mud brick home with a tin roof. They have one room with a living room and kitchen. They don't have electricity nor running water. They ~~take~~ get water from a well.

**Medical Information:**

Información Médico

Does a doctor examine the child regularly? Yes

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 algún problema de salud o mental (Si tiene, Explique)

Yes, he is deafWhat is the child's height? 3 ft.

Cuanto Mide el Niño

weight? 35 lb

Peso

**Placement Information:**

Información 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:**

Requisitos 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

Yes Si o NOWill an adult be appointed to help the child to complete the letters, which will be given to the sponsor? Yes

Si el Niño va necesitar ayuda de un adulto para escribir sus cartas

Who? his cousin

Quien