

Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Espivinson Alexis Castro Avila**

Name child is called by if different:

Birthday (d/m/y): **29-Nov-05**

Gender: **Male**

Nationality: **Honduran**

Country: **Honduras**

Town: **El Pedregal**

What is the child's current status?

Destitute

Family Information:

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

Nathalia Marisol Castro Avila - Age 11
Josias Emanuel Castro Avila - Age 3
Keybi Zoar Castro Avila - Age 3

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

What is the child's hair color? **light brown**

What language(s) does the child speak?

What are the typical foods eaten by the child? **beans, butter, rice, cheese, avocado**

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

Has the child ever gone to school? **Not mentioned**

What is the last grade completed? **1st grade**

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

If the child has toys, what does he like the most? **a train, a car, balls**

What toys does the child wish to have? **a motorcycle, a horse**

What is the father's name? **Santos Alexis Castro Rosales**

What is the father's occupation and weekly salary? **works in agriculture when work is available. Makes 3000 Lempiras.**

What is the mother's name? **Lesly Marisol Avila Salgado**

What is the mother's occupation and weekly salary? **none**

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

The child goes out to play with his friends when he completes his homework. He also stays and home and spends time with his brothers.

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

The house is made of adobe, has no plaster and has no floor. Ceiling is made out of wood and zinc panels. Has no sink for water. Has sanitary service. Bed is made out of wood and he sleeps with his brothers in the same room.

Spiritual Information:

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

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

What is the name of the church? **Roca Firme**

What city is the church in? **El Pedregal**

What is the pastor's name? **Felix Padilla**

Does the child have a favorite Bible story or verse? **I can do all through Christ who gives me strength. Philippians 4:13**

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? **123 cm**

Weight? **20 Kilos**

Placement Information:

Where is the child now living?

With 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?

Lesly Avila

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): **06/19/2013**

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. 0824-2005-00274

Personal Information on the child:

Informacion Personal del Niño

Name: Espivinson Alexis Castro Avila
Nombre

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

Gender: Masculino
Género

Birthday (d/m/y): 29 (Día) / Noviembre (Mes) / 2005 (Año)
Fecha de nacimiento

Nationality: hondureño
Nacionalidad

Country: Honduras
Pais

Town: El pedregal
Pueblo

What is the child's current status?

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

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>Nathalia Marisol Castro Avila</u>	Age:	<u>11 años</u>
Nombre		Edad	
Name:	<u>Josias Emanuel Castro Avila</u>	Age:	<u>3 años</u>
Nombre		Edad	
Name:	<u>Keybi Zoar Castro Avila</u>	Age:	<u>3 años</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	

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

What language(s) does the child speak?
 Que Idioma Habla el Niño Castano claro

What are the typical foods eaten by the child?
 Que Tipo de Comida come el Niño R/ = Frijoles, Mantequilla, Arroz, Queso Aguacate.

What is the child's favorite color?
 El color favorite del Niño Azul

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

Primer grado.

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

Si no va a la escuela entonces porque

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

Que juguetes tiene el Niño

, un tren, un carro, Pelotas.

What toys does the child wish to have?

Que Juguetes le gustaria tener

, una moto, un caballito.

What is the father's name?

Nombre del Padre

Santos Alexis Castro Rosales

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

cuando hay trabajo trabaja en el campo.
y gana 3,000 Lempiras.

What is the mother's name?

Nombre de su madre

Lesly Marisol Avila Salgado

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Ama de casa.

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 juega cuando termina sus tareas
y sale a jugar con sus amiguitos.
y tambien comparte, con sus hermanos dentro
de la casa.

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 es de adobé no tiene Repello, no tiene PISO, el techo es de Madera, y lamina de Zinc no tiene pila, para recoger agua. tiene Servicio, Sanitario, la cama, es de madera. duermen juntos en el mismo cuarto. con sus hermanitos.

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

SI

What is the name of the church? Roca Firme

Nombre de la Iglesia

What city is the church in? En el pedregal

En que pueblo esta la Iglesia

What is the pastor's name? Felix Padilla

Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorite del Niño

Todo lo puedo en cristo que me fortalece

Filipenses 4:13

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? 123 cm weight? 20 k
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:

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
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

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

Who? Yesly Avila
Quien

Orphanage Information:

Informacion del Orfanato

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

(Escribe aqui solo si el Niño es un huérfano)

Where is the orphanage located?

Adonde queda el Orfanato

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

Como se llama el encargado del Orfanato

Christian Home Information:

Informacion del niño si el vive con otra familia

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

(Escribe aqui solo si el Niño no vive con su propia familia)

What is the name of this family? _____

Nombre de la familia

Where does this family live? _____

Adonde vive la Familia

Of what materials is their house made? _____

De que es hecho la casa adonde vive

How many rooms does it have? _____

Cuantos cuartos tiene

What is the occupation of the father? _____

De que vive el padrasto

Are the husband and wife both Christians? _____

Si son Cristianos

Are they church members in good standing? _____

Si son la familia son miembros fieles en la Iglesia

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

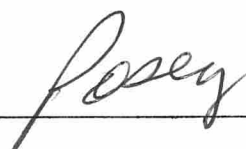
This application was translated by: _____
Firma del Traductor

Date (d/m/y): _____
Fecha

This application was approved by (pastor): _____
Firma del Pastor que lo aprobo

Date (d/m/y): _____
Fecha

This application was approved by (director): _____
Firma del Director del programa



Date (d/m/y): _____
Fecha