Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Marlen Mariely Colindrez Izaguirre**

Name child is called by if different:

Birthday (d/m/y): **12/2/2005**

Gender: **Female**

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.)

Litzy Dayani Colindrez Izaguirre, 2 years old

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

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

What language(s) does the child speak? **Spanish**

What are the typical foods eaten by the child? **beans, rice, dairy products, chicken, meat and vegetables**

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

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

What is the last grade completed? **First Grade**

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

If the child has toys, what does he like the most? **dolls, stuffed animals**

What toys does the child wish to have? **Little pots, big dolls, little cars, jumping rope**

What is the father's name? **Luis Alberto Colindrez Sosa**

What is the father's occupation and weekly salary? **Agricultor, 4800 lempiras per month**

What is the mother's name? **Glenda Dannely Izaguirre Medina**

What is the mother's occupation and weekly salary? **Housewife**

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

They live in an adobe house in two rooms, dirt floor, the ceiling is made of zinc, the doors are wooden. There is a small area where she plays with her little sister.

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

Adobe home, with one room and a living room, with dirt floor, two beds, one is made of metal and the other is made of wood, a dining room and four plastic chairs, she sleeps alone in one bed.

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? **Planted by Jehova in "Love and Fait"**

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

What is the pastor's name? **Oscar Armando Ponce**

Does the child have a favorite Bible story or verse? **Evil will never leave the house of one who pays back evil for good. Proverbs 17:13**

Medical Information:

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

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

She presents low hemoglobine

What is the child's height? **125 cm.** Weight? **24 kg**

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?

Glenda Dannely Izaguirre Medina

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. 0827-2005-00284

Personal Information on the child:
Informacion Personal del Niño

Name: Marlen Mariely Colindrez Izaguirre
Nombre

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

Gender: Femenino
Género

Birthday (d/m/y): 02 (Día)/ Diciembre (Mes)/ 2005 (Año)
Fecha de nacimiento

Nationality: hondureña
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: Litzy Dayani Colíndrez Izaguirre Age: 2
Nombre Edad
Name: _____ Age: _____
Nombre Edad
Name: _____ Age: _____
Nombre Edad
Name: _____ Age: _____
Nombre Edad
Name: _____ Age: _____
Nombre Edad
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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 Café

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 Frijoles, Arroz, Lacteos, Pollo, Carnes y Vegetales.

What is the child's favorite color?
El color favorite 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 Primero 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 Muñecas, Peluches,

What toys does the child wish to have?

Que Juguetes le gustaria tener Trasteaitos, muñecas grandes, cochesitos. cuerdas para saltar.

What is the father's name?

Nombre del Padre Luis Alberto Colindrez Sosa.

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Labrador Lps=4,800.00

What is the mother's name?

Nombre de su madre

Glenda Dannely Izaguirre Medina.

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

Vive en una casa construida de adobe dos habitaciones, piso de tierra, el techo es de zinc, puertas de madera. un terreno pequeño en donde juega con su hermanita.

Describe the condition of the house and living area. (please include photographs)
Detalle la condition de su casa incluyendo como duerme y sus muebles

Casa de adobe, con un cuarto y una sala. con piso de tierra, dos camas una es de metal y la otra de madera, un comedor y cuatro sillas de plástico, ella duerme en una cama sola.

Spiritual Information:
Informacion Espiritual

Has the child accepted Christ as their personal Savior? Si
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? Plantados por Jehová en 'Amor y Fe"
Nombre de la Iglesia

What city is the church in? El Pedregal
En que pueblo esta la Iglesia

What is the pastor's name? Oscar Armando Ponce.
Nombre del Pastor

Does the child have a favorite Bible story or verse?
Cual es el Versiculo favorite del Niño

El que da mal por bien no apartará el mal de su casa Proberbios 17:13

Medical Information:
Informacion Medico

Does a doctor examine the child regularly? Si
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)
Ella presenta emoglobina baja.

What is the child's height? 125 cm. weight? 24 Kg.
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 famila 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 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? Glenda Dannely Izaguirre Medina
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 famiila

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): Rosy
Firma del Director del programa

Date (d/m/y):_____
Fecha