

Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name: **Adriana Sofia Lopez Ponce**

Name child is called by if different:

Birthday (d/m/y): **14-Oct-06**

Gender: **Female**

Nationality: **Honduran**

Country: **Honduras**

Town: **Villa de San Francisco**

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.)

Lissi Icela,19
Nidia Elizabeth Lopez Ponce,17
Jorge Luis Lopez Ponce,15
Elvis Alberto Lopez Ponce,13
Delmis Nayely Lopez Ponce,11
Solanyi Isayany Lopez Ponce,5
Any Daniela,7

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

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

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

What are the typical foods eaten by the child? **Beans, eggs, white meat, milk, etc.**

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

Has the child ever gone to school? **Yes**

What is the last grade completed? **None**

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

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

What toys does the child wish to have? **Bicycle and big dolls**

What is the father's name? **Luis Adolfo Lopez**

What is the father's occupation and weekly salary? **Farmer \$1,600 every 5 weeks**

What is the mother's name? **Delmis Johana Ponce Valladares**

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.)

Humble home. Doesn't have enough space to play. Trees surround the home.

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

Brick house. 3 floors. She sleeps in a full size bed with her two sisters. Has a plastic dining table with four chairs. Her house is in a good state.

Spiritual Information:

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

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? **No**

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

Has chest problems

What is the child's height? **119.5** Weight? **19.4 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?

Who?

Delmis Joana Ponce Valladares

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. 0827-2006-00234

Personal Information on the child:

Informacion Personal del Niño

Name: Adriana Sofia Lopez Ponce
Nombre

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

Gender: Femenino
Género

Birthday (d/m/y): 14 (Día)/ octubre (Mes)/ 2006 (Año)
Fecha de nacimiento

Nationality: hondureño
Nacionalidad

Country: Honduras
Pais

Town: Villa de San Francisco.
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.

El niño vive con su familia nunca
sus padres lo han abandonado.

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>Lissi Iccla López Ponce</u>	Age:	<u>19</u>
Nombre		Edad	
Name:	<u>Nidia Elizabeth Lopez Ponce</u>	Age:	<u>17</u>
Nombre		Edad	
Name:	<u>Jorge Luis López Ponce</u>	Age:	<u>15</u>
Nombre		Edad	
Name:	<u>Elvis Alberto López Ponce</u>	Age:	<u>13</u>
Nombre		Edad	
Name:	<u>Delmis Nayely Lopez Ponce</u>	Age:	<u>11</u>
Nombre		Edad	
Name:	<u>Solany Isany Lopez Ponce</u>	Age:	<u>5</u>
Nombre		Edad	
Name:	<u>Any Daniela</u>	Age:	<u>1</u>
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

Negro

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

lacteos, otros, frijoles, huevos, carnes blancas.

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

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

Si no va a la escuela entonces porque

Si esta en la escuela

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

Que juguetes tiene el Niño

(Muchos) Muñecas, Peluches

What toys does the child wish to have?

Que Juguetes le gustaria tener

Bicicleta, muñecas grandes

What is the father's name?

Nombre del Padre

Luis Adolfo Lopez

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Labrador 1600 Lps. Quincenal.

What is the mother's name?

Nombre de su madre

Delmis Johana Lopez Ponce Valladares.

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

Su casa es humilde no tiene suficiente espacio
Para poder jugar tiene unos árboles alrededor
de su 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

Su casa es de adobes tiene 3 piezas duerme en una cama matrimonial con sus dos hermanas tiene un comedor plastico con sus cuatro sillas y su casa esta en un buen estado.

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

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? 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)

Parce bastante del Pecho

What is the child's height? 119.5
Cuanto Mide el Niño

weight? 19.4 kg
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:

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

Who? Del mis Joanna Ponce Valladares
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

