

## **Application for Sponsorship**

# **Touch a Life**

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

### **Personal Information on the child:**

Name: **Anderson Omar Izaquierre Zavala**

Name child is called by if different:

Birthday (d/m/y): **2-Aug-06**

Gender: **Male**

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.)

**Kenia Marisely Izaguirre Zavala, Age 12**  
**Elvin Antonio Izaguirre Zavala, Age 11**  
**Angeli Yanabi Izaguirre Zavala, Age 4**  
**FabiÃ¡n Daniel Izaguirre Zavala, Age 1**

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

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? **Spaghetti, Rice, Cheese, Butter, Fruits, Greens**

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

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

What is the last grade completed? **Prep/elementary school**

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

If the child has toys, what does he like the most? **Toy cars, balls**

What toys does the child wish to have? **Bicycle, soccer ball**

What is the father's name? **Elvin Omar Izaguirre Medina**

What is the father's occupation and weekly salary? **Day Laborer, 1800 LPS every two weeks**

What is the mother's name? **Wendy Yamileth Zavala Garcia**

What is the mother's occupation and weekly salary? **Doesn't work; homemaker**

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

He lives humbly; at the moment they do not have a house

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

There is no house, and he lives humbly. He sleeps in a bed alone.

**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? **Amor y Fe / Love and Faith**

What city is the church in? **Aldea el Pedregal**

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

Does the child have a favorite Bible story or verse? **Philippians 4:13 - All can be done in Christ who gives me strength**

**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? **108 cm**

Weight? **16.1 kg**

**Placement Information:**

Where is the child now living?

**Christian Home**

**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 Mother**

**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. 0827-2006-00211

### Personal Information on the child:

Informacion Personal del Niño

Name: Anderson Omar Izquierro Jaramillo  
Nombre

Name child is called by if different: no  
Otro Nombre o Apodo

Gender: Hacculino  
Género

Birthday (d/m/y): 2 (Día)/ agosto (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.

### **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>Xenia Marisely Izaguirre Zavala</u>	Age: <u>12</u>
Nombre	Edad
Name: <u>Elvin Antonio Izaguirre Zavala</u>	Age: <u>11</u>
Nombre	Edad
Name: <u>Angeli Yanchi Izaguirre Zavala</u>	Age: <u>4</u>
Nombre	Edad
Name: <u>Fabián Daniel Izaguirre Zavala</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?

Color de Ojos del Niño

negros

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

espagueti, arroz, queso, mantequilla, frutas, verduras

What is the child's favorite color?

El color favorito del Niño

azul

Has the child ever gone to school?

Si el Niño has asistido la escuela

What is the last grade completed?

Cual fue el ultimo grado completado

Preparatoria

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

Si no va a la escuela entonces porque

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

Que juguetes tiene el Niño

carros, pelota

What toys does the child wish to have?

Que Juguetes le gustaria tener

bicicleta, balones

What is the father's name?

Nombre del Padre

Elvin Omar Traguirre Medina

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Jornalero 1500 Lps quincenal

What is the mother's name?

Nombre de su madre

Wendy Yamileth Zavala García

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

no trabaja es 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 humildemente por los momentos no

tenemos casa

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

no tiene casa vive humildemente  
duerme en su cama solo

**Spiritual Information:**

Información 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? Amor y fe  
Nombre de la Iglesia

What city is the church in? Aldea el pedregal  
En que pueblo esta la Iglesia

What is the pastor's name? Oscarponce  
Nombre del Pastor

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

Filipenses 4:13 Todo Lo puedo en Cristo  
que me fortalece

### **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? 708 weight? 16.1  
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:**

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

Sí 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? su madre  
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

