

## Application for Sponsorship

# Touch a Life

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

### Personal Information on the child:

Name: **Angela Yissell Galindo Ochoa**

Name child is called by if different: **Quinines**

Birthday (d/m/y): **9/4/2010**

Gender: **Female**

Nationality: **Honduran**

Country: **Honduras**

Town: **Bartolo**

What is the child's current status?

**Desititue (Poor child living with his family)**

How did the child get in this situation?

**She has always been poor.**

**Family Information:**

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

**Rosmery Galindo Ochoa**  
**Yensy Yadira Galindo Ochoa**  
**Iris Jojana Galindo Ochoa**  
**Emely Roxary Galindo Ochoa**

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

What is the child's hair color? **Clear Brown**

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

What are the typical foods eaten by the child? **Beans, Rice and Tortillas**

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

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

What is the last grade completed?

Is the child currently attending school? If not, why not? **No, because she is very young.**

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

What toys does the child wish to have? **A little car and a doll**

What is the father's name? **Jose Luis Galindo Colindres**

What is the father's occupation and weekly salary? **Planter**

What is the mother's name? **Santia Catalina Ochoa Elvir**

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

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

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

Adobe house, with cement floor and with a lounge, kitchen and a bedroom. The girl sleeps with her mother, and they don't have any furniture.

**Spiritual Information:**

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

Does the child attend Sunday School regularly? If not, why not? **No, because she doesn't like it.**

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.)

**Worms**

What is the child's height?

Weight?

**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?

**The 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): **8/1/2013**

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. \_\_\_\_\_

**Personal Information on the child:**

Informacion Personal del Niño

Name: Angela Yissell Galindo Ochoa  
Nombre

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

Gender: Niña  
Género

Birthday (d/m/y): 04 (Día) / septiembre (Mes) / 2010 (Año)  
Fecha de nacimiento

Nationality: Hondureña  
Nacionalidad

Country: Honduras  
Pais

Town: Bartolo  
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.

Siempre ha sido pobre.

**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:	Rosmery Galindo Ochoa	Age:	6 años
Nombre		Edad	
Name:	Yansy Yadira Galindo Ochoa	Age:	14 años
Nombre		Edad	
Name:		Age:	2 años
Nombre		Edad	
Name:	Iris Johana Galindo Ochoa	Age:	16 años
Nombre		Edad	
Name:	Emely Roxang Galindo Ochoa	Age:	5 meses
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 oscuro

What is the child's hair color?

Color de Pelo del Niño

Castano oscuro

What language(s) does the child speak?

Que Idioma Habla el Niño

Espanol

What are the typical foods eaten by the child?

Que Tipo de Comida come el Niño

Frijoles, arroz y tortillas.

What is the child's favorite color?

El color favorite del Niño

Rosado.



Has the child ever gone to school?

*No.*  
Si el Niño has asistado la escuela

What is the last grade completed?

Cual fue el ultimo grado completado

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

Si no va a la escuela entonces porque

*No, porque es muy joven.*

---

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

Que juguetes tiene el Niño

*Una muñeca.*

What toys does the child wish to have?

Que Juguetes le gustaria tener

*Un carrito y una muñeca.*

What is the father's name?

Nombre del Padre

*José Luis Galindo Colindras*

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

*Sembrador.*

What is the mother's name?

Nombre de su madre

*Santia Catalina Ochoa Elvir*

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

*Muelle tortillas,*

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

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 suelo de cemento y con sala,  
cocina y un cuarto. la niña duerme con la mamá y  
no tiene ningun mueble.

**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

No, porque no le gusta.

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)

Lombricas

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

weight? \_\_\_\_\_  
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

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

Who? la mamá  
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): 17 | Julio | 2013  
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