

## **Application for Sponsorship**

# **Touch a Life**

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

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

Name: **Escarleth Yulibeth Pineda Chapas**

Name child is called by if different:

Birthday (d/m/y): **6/1/2010**

Gender: **Female**

Nationality: **Honduran**

Country: **Honduras**

Town: **Bartolo**

What is the child's current status?

**Destitute**

How did the child get in this situation?

**Has been poor all her life.**

**Family Information:**

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

**Jefferson David Pineda Chapas, 8**  
**Cristian Adonis Pineda Chapas, 1**  
**Antoni Jassiel Pineda Chapas, 6**

What is the child's eye color? **dark 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 and tortilla**

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

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

What is the last grade completed? **she is too young**

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

If the child has toys, what does he like the most? **no**

What toys does the child wish to have? **dolls**

What is the father's name? **Santos David Pineda Flores**

What is the father's occupation and weekly salary? **Farmer, 100**

What is the mother's name? **Lesvia Damaris Chapas**

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.)

Adobe's house, with cement floor, roof is half metal and half shingles. She doesn't have her own bed, no furniture, only one room

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

**Spiritual Information:**

Has the child accepted Christ as their personal Savior? **no, she is too young**

Does the child attend Sunday School regularly? If not, why not? **Sometimes, because she is too young**

What is the name of the church? **Iglesia Bautista Manantial vida eterna**

What city is the church in? **Bartolo**

What is the pastor's name? **Santos Abundio Cerrato**

Does the child have a favorite Bible story or verse? **None, she is too young**

**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?

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?

**y**

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor?

**yes**

Who?

**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: Escarleth Yulibeth Pineda Chapas  
Nombre

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

Gender: Femenino  
Género

Birthday (d/m/y): 6 (Día)/ Enero (Mes)/ 2010 (Año)  
Fecha de nacimiento

Nationality: Hondureña  
Nacionalidad

Country: Honduras  
País

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.

Han sido pobre toda su vida

**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: Jefferson David Pineda Chapas	Age: 8
Nombre	Edad
Name: Cristian Adonis Pineda Chapas	Age: 1
Nombre	Edad
Name: Antoni Jassici Pineda Chapas	Age: 6
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
Name: _____	Age: _____
Nombre	Edad

What is the child's eye color?

Color de Ojos del Niño

Café oscuro

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 y tortilla

What is the child's favorite color?

El color favorite del Niño

Verde

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

*Esta muy Pequeña*

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

*No*

What toys does the child wish to have?

Que Juguetes le gustaria tener

*Muñecas*

What is the father's name?

Nombre del Padre

*Santos David Pineda Flores*

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

*Campesino y gana cien lempiras*

What is the mother's name?

Nombre de su madre

*Lesvia Damaris Chapas*

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

*No, 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

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

Su casa es de adobe, con piso de cemento el techo es  
mitad lámina y mitad teja no tiene su propia cama  
no tiene muebles solo tiene una pica

**Spiritual Information:**

Información Espiritual

Has the child accepted Christ as their personal Savior? No, porque es muy pequeña  
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

Habes es porque es pequeña

What is the name of the church? Iglesia Bautista manantial vida eterna  
Nombre de la Iglesia

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

What is the pastor's name? Santos Abundio Cerrato  
Nombre del Pastor

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

No, esta muy pequeña

**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? \_\_\_\_\_

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? 51

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

Who? La Mama

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 familiia**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): 17/07/2013  
Fecha

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

Date (d/m/y): 18 JUL 2013  
Fecha

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

18 JUL 2013  
Date (d/m/y): \_\_\_\_\_  
Fecha