Application for Sponsorship

Touch a Life

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

Personal Information on the child:

Name:

AYID-2WOTH JOVIA

Name child is called by if different:

Birthday (d/m/y): 28/2/2008

Gender: FEMALE

Nationality: UGAN BAN

Country:

UGANDA

Town: 700 NEBBI

What is the child's current status?

Un Orphan

- Abandoned
- Destitute
- Other

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.)

The girls Parent died few years ago the mother total Drphan.

Family Information:

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

	Age:	
Name:		
Name:	Age:	
	Age:	
Name:	-1	
Name:	Age:	
What is the child's eye color?		
What is the child's hair color? Black		
What language(s) does the child speak?	or 1 English	
What are the typical foods eaten by the child?	Karlo and b	ear
What is the child's favorite color? YEIIOW		
Use the shild over gone to school?		

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

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

What toys does the child wish to have? Baby

Declare beceased What is the father's name?

What is the father's occupation and weekly salary?

Leceased. What is the mother's name?

What is the mother's occupation and weekly salary? Le Ceased

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

The girl is living the Old aunt who Is taking care of her. But the aunt is They are living in a Small 9 thatch also poor. grass house

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

The area is also Small, and the house they are living in is also Small in size and other side has to been destroy by the Strong wind during the tainy season.

Spiritual Information:

Has the child accepted Christ as their personal Savior? Yes

Does the child attend Sunday School regularly? If not, why not?

What is the name of the church? Grater Grace.

What city is the church in? Nebb West.

What is the pastor's name? OYING CEDFRE

Does the child have a favorite Bible story or verse?

Modical	Information:
Medicai	IIIIOIIIIauoii.

Does a doctor examine the child regularly?

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

What is the child's height?

weight?

28

1.6 m

Placement Information:

Where is the child now living?

- Orphanage
- Christian Home
- ✓□ With their own family
- Other (please explain)

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?

Class teacher.

Orphanage Information: (Complete these questions only if the child has been placed in an orphanage.)
Where is the orphanage located?
What is the name of the adult who is responsible for the orphanage?
Christian Home Information: (Complete these questions only if the child has been placed in the home of a Christian family.)
What is the name of this family?
Where does this family live?
Where does this family live?
Of what materials is their house made?
How many rooms does it have?
What is the occupation of the father?
Are the husband and wife both Christians?
Are they church members in good standing?

Summary:

If you would like to give us any information other than what was asked, please do so here.

Whe are Planning to take the Child to go and Stay. In the Orphange becoke the Child will not get time to Study while Staying with the aunt.

This application was translated by: ABUBANCO MAURINE

Date (d/m/y): 15 / 1 / 2018

This application was approved by (pastor): OTING GEOFFREY

Date (d/m/y): 15/1/2018

This application was approved by (director): Ochown Altred

Date (d/m/y): 15/1/2018