

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name: LAKISA ROGERS

Name child is called by if different:

Birthday (d/m/y): 6/8/2007

Gender: MALE

Nationality: CONGOLESE

Country: CONGO

Town: NDELE

What is the child's current status?

- ☒ 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 boys parents got HIV AIDS
and they all passed away. a

The father died first and later
the mother stayed for two years
and also died. So the boy is total
Orphan.

Family Information:

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

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

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

What is the child's hair color? *Red brown*

What language(s) does the child speak? *Alongala and Alur/ENG*

What are the typical foods eaten by the child? *Cassava and beans*

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

Has the child ever gone to school? *yes*

What is the last grade completed? Primary Six

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

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

What toys does the child wish to have? GUN toy

What is the father's name? OYUNGURU IVAN (DECEASED)

What is the father's occupation and weekly salary? —

What is the mother's name? ATIMANGO JANE (DECEASED)

What is the mother's occupation and weekly salary? —

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

The child was taken to the Orphanage from the time the parents passed away where he had spent all of his life.

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

The Child is in Drplawage

Spiritual Information:

Has the child accepted Christ as their personal Savior? Yes

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

What is the name of the church? Grater Grace

What city is the church in? Ndrele

What is the pastor's name? AWEKO SANTINO SANTOS

Does the child have a favorite Bible story or verse? yes

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?

1.50 metre
1.50

weight?

1.25 kg

1

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?

SUNDAY SCHOOL TEACHER

Orphanage Information:

(Complete these questions only if the child has been placed in an orphanage.)

Where is the orphanage located?

ANGAL TOWN BOARD

What is the name of the adult who is responsible for the orphanage?

D CHOWN ALFRED

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?

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.

This application was translated by: **ADUBANCO MAUDINE**

Date (d/m/y): **11/1/2018**

This application was approved by (pastor): **AWEKO SANTINO SANTOS**

Date (d/m/y): **11/1/18**

This application was approved by (director):

Date (d/m/y): **11/1/2018**