

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name: PAUL GABRIEL C

Name child is called by if different:

Birthday (d/m/y): 3 MAY 2011

Gender: BOY

Nationality: INDIAN

Country: INDIA

Town: BANGALORE

What is the child's current status?

- ☐ Orphan
- ☐ Abandoned
- ☐ Destitute
- ☒ Other very poor
down trodden

Family Information:

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

Name: Pranathi	Age: 9
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?

Black

What is the child's hair color?

Black

What language(s) does the child speak?

Telugu

What are the typical foods eaten by the child?

Chicken Biryani

What is the child's favorite color?

Blue

Has the child ever gone to school?

Yes

What is the last grade completed?

1st Standard

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

Yes

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

No

What toys does the child wish to have?

Vehicle Toys

What is the father's name?

Chandra Shekar

What is the father's occupation and weekly salary?

Daily Wage Labourer

What is the mother's name?

Tabitha

What is the mother's occupation and weekly salary?

House-wife

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

A Fan, A Cot, A Mat, Pillows
Kerosene Stove and
Some Vessels for cooking.

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

They stay in a single room rented house. They use the same for cooking, eating, studying and sleeping. They do not have a separate rest-room. The rest rooms are used by three families which will not be clean. No proper water supply. The Corporation provides water once in two days. Sometimes they may have to walk a kilometer to fetch water and store the same in plastic pots.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

Has to know enough to accept Christ

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

Yes

What is the name of the church?

MIZPAH CHRISTIAN ASSEMBLY

What city is the church in?

BANGALORE

What is the pastor's name?

M. BABU PRASAD

Does the child have a favorite Bible story or verse?

Creation Story

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?

- ☐ 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 _____

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

PLEASE ~~WRITE~~ WRITE A STORY ABOUT HOW
THE CHILD BECAME ABANDONED.
The child is from a very poor family background.
Father is a Daily wage labourer and doesn't have
any permanent job. Whenever he gets job he
works and earn the wages. Mother is the house
wife and finds difficult to run the family
with the very little amount earned by
father.

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?

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:

Date (d/m/y):

This application was approved by (pastor):

Date (d/m/y): N. Belufer

This application was approved by (director):

Date (d/m/y): 26-July-2019