

Mission Ministries Philippines, Inc.

Application Form B

(With Existing Preschool/ECE Program)

Date: _____

Name of the Organization: _____

Complete Mailing Add: _____

Landline: _____ Cellphone: _____ Email Add: _____

Messenger Account: _____ Others: _____

Nature of the Organization:

Church Based Please identify the denomination _____

Non-Government Organization Government Organization

Community Based Organization Private Peoples Group

Others: _____

Year Started: _____

Type of Early Childhood Education Program you presently have:

Formal Preschool Day Care Community/Church Based

Tutorial Others (Remedial Reading, After Class Enrichment, Kidpreneur) _____

Early Childhood Program:

Vision:

Mission:

Objectives: (Purpose for Setting-up an ECE Program)

1.

2.

3.

Initial Operational Budget on hand: _____

How did you know MMP? _____

---THIS PAGE IS FOR CHURCH-BASED APPLICANT ONLY---

Year the church is established: _____

Total Number of Members: Adult: _____ Youth: _____ Children: _____

Average Monthly Income: Tithes: _____ Offering: _____ Others: _____

Average Monthly Expenses: _____

Key Leaders	Name	Highest Educational Attainment	Ministry Involvement
<i>Pastor</i>			
<i>Board Members/Elders</i>	1. 2. 3. 4. 5.		
<i>Others</i>	1. 2. 3.		

Other Church Ministries: Existing Social Programs/Projects: (Use the back portion if necessary)

Name of Project	Objectives	Services	Year Started	Sponsor/Financial Source

School Location: _____

Brief Description of the Site: _____

Estimate Transportation Cost from MMP office to the School Site: _____

ECE Team	Name	Highest Educational Attainment	Church/Org. Involvement
1. Teacher/s	1. 2.		
2. Board Members	1. 2. 3. 4. 5.		
3. Others			

Budgetary Projection:

Income	School Yr. _____	School Yr. _____	School Yr. _____
Registration Fee	_____	_____	_____
Tuition Fee	_____	_____	_____
Books & Worksheets	_____	_____	_____
Field Trip	_____	_____	_____
Moving-up Fee	_____	_____	_____
Uniforms	_____	_____	_____
Others	_____	_____	_____
Total	_____	_____	_____

Expenses

Salaries: Teaching Staff	_____	_____	_____
Non-Teaching Staff	_____	_____	_____
SSS: Teaching Staff	_____	_____	_____
Non-Teaching Staff	_____	_____	_____
Water	_____	_____	_____
Electricity	_____	_____	_____
Building Rent	_____	_____	_____
Books & Worksheets	_____	_____	_____
Equipment: chairs	_____	_____	_____
Tables	_____	_____	_____
Cabinets	_____	_____	_____
Cassette	_____	_____	_____
Blackboard	_____	_____	_____
Consultancy	_____	_____	_____
Manipulatives	_____	_____	_____
Field Trip	_____	_____	_____
Moving-up	_____	_____	_____
Uniforms	_____	_____	_____
Others	_____	_____	_____
Total	_____	_____	_____
BALANCE	_____	_____	_____

Note: Please attached picture/videos of the school facilities, school old pictures and school nearby community.

Accomplished by:

Signature Over Printed Name:

Designation:_____

Date: _____