



**DIOCESE OF ORLANDO, FLORIDA**  
**MISSIONARY COOPERATIVE PLAN**  
**2024 INTERNAL DIOCESAN**  
**APPLICATION FORM**

*(Only For Priests, Deacons, Religious Sisters, Orders  
Or Catholic Entities Presently Serving Within the Diocese)*



**Regrettably, we generally cannot re-approve  
Mission Co-Op participants who have visited us  
within the last 5 years**

Mission Integration and Engagement

**Name of Group Requesting Participation:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Name of Contact Person in United States:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Are you a priest, deacon, sister, brother or religious entity serving within or affiliated with the Diocese of Orlando or one of our parishes?** Yes No

**If so, please provide the Name of the priest, deacon, sister, brother, group, or person and their assignment?**

**Does your Bishop, Superior or Pastor support your application?** Yes No

**Name of your native Bishop, Superior or Pastor supporting app?** \_\_\_\_\_

**What specific countries/areas of the world does your community or entity serve:** \_\_\_\_\_

**How will the funds collected be used?** \_\_\_\_\_

**Has your group participated in our Diocesan Mission Co-Op Program within the last 4 years?**

Yes No (If so, when?) \_\_\_\_\_