



**DIOCESE OF ORLANDO, FLORIDA  
MISSIONARY COOPERATIVE PLAN  
2025 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

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

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

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

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

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

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

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

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**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?**

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**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?** \_\_\_\_\_

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

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

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