



MISSIONARY COOPERATION PLAN (MCP) 2022 APPLICATION FORM

Please read [Missionary Cooperation Plan 2022 guidelines](#) before submitting this application. All fields are mandatory.

PART I: MISSION ORGANIZATION

Name of the Organization: _____

Organization Type: (Arch)Diocese Religious-Men Religious-Women Lay Missionaries

Other (Specify): _____

Name of Bishop / Superior / President: _____

Street Address: _____ City: _____

State / Province: _____ Zip / Postal Code: _____

Country: _____ Phone: _____

Email: _____ Website: _____

Describe clearly and succinctly the nature, extent, and location of your missionary efforts?

Is your organization present in the U.S.? Yes No

If yes, mention the diocese(s) of your presence: _____

Is your organization included in the Kenedy Official Catholic Directory? Yes No

If yes, Year: _____ Page: _____

Have you been included in the MCP of Diocese of Fort Worth in the past? Yes No

If yes, indicate exactly which years: _____

PART II: MISSION DIRECTOR / CONTACT PERSON IN THE U.S.

Name: _____

Title / Designation: Mission Director Mission Coordinator Bishop's Representative

U.S. Contact Other (Specify): _____

Recent "Letter of Appointment/Introduction" from the Bishop/Superior/President granting you permission to apply to participate in MCP must be enclosed with this application.

Street Address: _____

City: _____ State: _____ Zip: _____



Phone: _____ Email: _____

If your organization is accepted in MCP 2022, do you agree to submit Diocese of Fort Worth Testimonial of Suitability completed by the Bishop/Superior/President of the Mission Organization by April 2022?

Yes No

PART III: SPEAKER / MISSIONARY REPRESENTING THE ORGANIZATION

SPEAKER/MISSIONARY 1

Name: _____

Title / Designation: _____

Is this person a U.S. Citizen? Yes No

If no, does this person hold a valid and current traveling U.S. Visa? Yes No

Current Address: _____

Languages Spoken: _____

SPEAKER/MISSIONARY 2 (Optional)

Name: _____

Title / Designation: _____

Is this person a U.S. Citizen? Yes No

If no, does this person hold a valid and current traveling U.S. Visa? Yes No

Current Address: _____

Languages Spoken: _____

SPEAKER/MISSIONARY 3 (Optional)

Name: _____

Title / Designation: _____

Is this person a U.S. Citizen? Yes No

If no, does this person hold a valid and current traveling U.S. Visa? Yes No

Current Address: _____

Languages Spoken: _____

APPLICATION PACKAGE CHECKLIST (Please verify checklist is complete)

Application filled out completely.

Letter of Appointment/Introduction from Bishop/Superior/President of the Mission Organization.