



MISSIONARY COOPERATION PLAN (MCP) 2023 APPLICATION FORM

Please read [MCP 2023 Information Sheet](#) 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: _____

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 the Diocese of Fort Worth in the past? Yes No

PART II: MCP COORDINATOR / CONTACT PERSON IN THE U.S.

Name: _____

Recent Letter of Appointment/Introduction from Bishop/Superior/President authorizing you to apply to participate in MCP must be enclosed with this application

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If your organization is accepted to MCP 2023, do you agree to submit Diocese of Fort Worth *Testimonial of Suitability* completed by Bishop/Superior/President by April 30, 2023? Yes No

PART III: SPEAKER / MISSIONARY REPRESENTING THE MISSION ORGANIZATION

SPEAKER/MISSIONARY 1

Name: _____

Current Address: _____

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

Languages Spoken: English Spanish Vietnamese Korean

CATHOLIC DIOCESE OF FORT WORTH
800 W Loop 820 S, Fort Worth, TX 76108



SPEAKER/MISSIONARY 2 (Optional)

Name: _____

Current Address: _____

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

Languages Spoken: English Spanish Vietnamese Korean

SPEAKER/MISSIONARY 3 (Optional)

Name: _____

Current Address: _____

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

Languages Spoken: English Spanish Vietnamese Korean

PART IV: DISTRIBUTION OF FUNDS

Please provide the most secure and preferred means of sending money to the mission organization: Mail (U.S. only) or Wire Transfer (U.S. and International). 5% of funds collected will be retained for administration of the program.

MAIL INFORMATION (U.S. REMITTANCE ONLY)

Make check payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

WIRE TRANSFER INFORMATION (U.S. and INTERNATIONAL REMITTANCE)

Account Holder Name: _____

Address: _____

City: _____ State: _____ Country: _____

Bank and Branch Name: _____

Address: _____

City: _____ State: _____ Country: _____

Account Number: _____

SWIFT Code: _____

PART V: APPLICATION CHECKLIST (Please verify checklist is complete)

- Application filled out completely; please note that incomplete application will not be considered.
- Letter of Appointment/Introduction from Bishop/Superior/President of the organization enclosed.