

Year 2009

Diocese of Rockville Centre Propagation of the Faith and Mission Office  
MISSIONARY CO-OPERATIVE APPLICATION

Congregation/Organization



Archdiocese/Diocese



\_\_\_\_\_

Name

Name/Address of contact person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_  
(include country code, area code etc.)

Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Purpose of the Appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a representative in the United States? Yes  No

Person coming to make the appeals, please circle the following:

Bishop    Priest    Deacon    Brother    Sister    Seminarian    Lay Person

Is the Preacher fluent in English (can he/she be clearly understood)? Yes  No

What other Languages does he/she speak? \_\_\_\_\_

List the mission countries in which you are engaged in work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you listed in the Official Catholic Directory? \_\_\_\_\_

In which other (Arch)Diocese(s) have you applied for a Missionary Cooperative Appeal for this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a (Arch)Diocese, approximate population.

Number of Catholics \_\_\_\_\_

Number of Parishes or Stations \_\_\_\_\_

Total number of Priests \_\_\_\_\_

OVER

**To be completed by Religious Congregations:**

Is your Congregation exclusively missionary? \_\_\_\_\_

(If not, what percentage is devoted to missionary activity? \_\_\_\_\_

Current total membership in your province/region

priests: \_\_\_\_\_

sisters: \_\_\_\_\_

brothers: \_\_\_\_\_

members in initial formation: \_\_\_\_\_

lay volunteers: \_\_\_\_\_

Number of missionaries from your particular province who are dependent on your province/  
congregation for financial support: \_\_\_\_\_

What percentage of funding does the Missionary Coop provide? \_\_\_\_\_

**To be completed by Lay Missionary Organizations:**

Current total Membership in your organization: \_\_\_\_\_

Number of paid employees:

Administration: \_\_\_\_\_

Office Support: \_\_\_\_\_

Warehouse: \_\_\_\_\_

Number of volunteers in support staff: \_\_\_\_\_

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Number of lay missionaries currently serving in missions: \_\_\_\_\_

What percentage of funding does the Mission Co-op provide? \_\_\_\_\_

By the end of January, you will be notified if you have been accepted for the Missionary Coop Appeal. Please be advised that you will only hear from us if you are **accepted**.  
Please note you are responsible for all your travel requirements.

**Please, complete and return this form by December 1, 2008 to:**

**Diocese of Rockville Centre Propagation of the Faith and Mission Office  
Attn: Missionary Co-operative Coordinator  
P.O. Box 9023  
Rockville Centre, NY 11571-9023**

**If you have any questions, please contact the office at:**

**Tel. (516) 678-5800 ext. 201 or 516**

**Fax: (516) 594-0064**

**e-mail: mission@drvc.org**