



**DIOCESE OF ORLANDO, FLORIDA
MISSIONARY COOPERATIVE PLAN
2026 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?) _____
