

2025 Missionary Cooperation Plan (MCP) Application Form

APPLICATION INSTRUCTIONS

- Please read the <u>MCP Guidelines for Acceptance</u> before submitting this application.
- We recommend you review <u>MCP Application Questions</u> beforehand so you are prepared to provide all the required information.
- All applications must be received by October 30th of the current year in order to be eligible for the following year.
- Should you be accepted for appeals, these answers are vital to connecting you with the best parish fit. These answers will neither guarantee nor disqualify you from appeals.
- You are only allowed to submit one application.
- All questions require an answer. Please respond N/A when necessary.
- Estimated time to complete application: 10 MINUTES
- Please note that submitting your application does not guarantee that you will be accepted to participate on MCP. Only the organizations selected will be contacted by March 1, 2025.

* 3. Type of Institution/Organization Religious Order or Congregation
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Religious Order or Congregation
Mission Diocese
Lay Mission Organization
Other (please specify)

* 5. Institution Info	ormation
Address:	
City:	
State/Region:	
Zip/Postal Code:	
Country:	
Phone Number:	
Email Address:	
Web Address:	
* 6. MCP Coordina Name: (Title, Name, Last Name)	tor / U.S. Contact Person Information
Role/Connection:	
Email Address:	
Phone Number:	
Milwaukee	st three years you have been included in the MCP of the Archdiocese of cion/organization present in the U.S.? If yes, mention the diocese(s) of your
presence	
	itution have relationships with the Archdiocese of Milwaukee? If so, please ers serving at a local parish or Catholic agency, etc.)
	ssion group able to receive and deposit/cash the funds in the United States? eposit/cash the funds in the United States.
	t have access to a United States account and will need funds wired to us.
No, we do not	t have access to a United States account and will need funds wired to us.

	rief description of apostolate or needs including the countries were you serve. (Please our response to 100 words)
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k 40 TC	
* 12. If	available, provide a link to a promotional video of your mission organization
* 12	Additional Mission Information
	Additional Mission Information: se check all that apply and be honest in your assessment.
	We can provide a priest for the appeal
	Our mission speakers are FLUENT in English
	We can provide a Spanish speaking missionary
	Our mission speakers are located within the Archdiocese of Milwaukee
	Our mission representative(s) will not need overnight accommodations while in the Archdiocese of Milwaukee
	Our mission representative(s) will not need transportation assistance to/from the parish(es)
* 14.	Mission Appeal Availability
	We have a missionary available for all or most weekends from June through October.
	We can only do appeals at the parish(es) who specially requested our mission group.
\bigcirc	We are only able to provide a missionary on the following dates/during the following timeframe (please specify).
* 15	Parish Assignments - We usually provide 3 parishes per mission group. Indicate the
	ber of parishes you are capable of visiting.
	We can do appeals at 3 parishes
	We can do appeals at more than 3 parishes
	We can only do appeals at one or two parishes
* 16.	Multiple Parish Appeals
	We need to do all of our mission appeals on the same weekend.
	We are available to do mission appeals on multiple weekends.

		new letter of suitability each year for all speakers in if that person has done an appeal in previous
World Mission Milwaukee and	Ministries/Society for the you will not be able to co	n" below, your application will be submitted to the Propagation of the Faith Office in the Archdiocese of omeback and make changes to your application.
* 19. Request made	e by:	
Title and Name:		
Email Address:		

* 17. Number of Person(s) Who Would Make Appeals