



DIOCESE OF ROCKVILLE CENTRE
 Propagation of the Faith and Mission Office
 Missionary Co-operative Application



Directions: Please complete this two-sided form and submit by December 1. Please include a letter from your ordinary or your superior. **You will not be considered for inclusion in the cooperative program without this form or the letter.** Return to this address:

Diocese of Rockville Centre Propagation of the Faith and Mission Office
 Attn: Missionary Co-operative Coordinator
 50 N Park Ave
 Rockville Centre, NY 11570

APPLICATION INFORMATION

Please check one:

Congregation/organization _____

Name: _____

Archdiocese/Diocese _____

CONTACT INFORMATION

Title _____ First Name _____ Last Name _____

Street Address _____ City _____ State _____

Country _____ Zip _____ Phone _____

Fax _____ E-mail _____

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

In what city are they located? _____

Please indicate the person coming to make the appeals: Bishop ___ Deacon ___ Sister ___

Priest ___ Brother ___ Layperson ___

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

What other languages does she/he speak? _____

Does the speaker have a driver's license and access to a car? _____

Are they dependent on mass transit? _____

Please list the mission countries in which you are engaged in work: _____

Are you listed in the Official Catholic Directory? Yes ___ No ___

Please list other (Arch) Diocese (s) to which you have applied for a Missionary Cooperative for this year:

RELIGIOUS CONGREGATIONS ONLY—PLEASE COMPLETE THIS SECTION

Is your Congregation *exclusively* missionary? Yes____ No____

If NO, what percentage is devoted to missionary activity? ____%

Current total membership in your congregation: Number of Priests:_____ Number of Sisters:_____

Number of Brothers:_____ Members in Initial Formation:_____ Lay Volunteers:_____

Please indicate the number of missionaries from your province/region who are dependent on you for financial support: _____

If located locally, would you be willing to do an appeal on behalf of the Propagation of the Faith Membership Appeal in the Diocese of Rockville Centre between January and June?

Yes____ No____

To facilitate the processing of your application, please submit an official letter from your Bishop or Provincial. **You will not be considered for inclusion in the cooperative program without this application and the letter.** You will be notified by the end of **January** if you have been accepted for the Missionary Coop Appeal. **Please be advised that you will only be contacted if you are accepted.** Please note, you are responsible for all your travel requirements/arrangements.

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

Phone: 516-678-5800 X201

Fax: 516-594-0064

Email: ddevoe@drvc.org

**PLEASE DO NOT MAIL AND EMAIL YOUR APPLICATION....PLEASE CHOOSE ONE!
THIS APPLICATION WILL BE ATTACHED TO YOUR REQUEST LETTER. IF THERE IS ANY OTHER
INFORMATION YOU FEEL WE NEED, PLEASE SEND IT WITH YOUR APPLICATION. THE MORE
INFORMATION WE HAVE ABOUT YOUR DIOCESE OR CONGREGATION, THE BETTER.**

APPLICATION MUST BE FILLED OUT COMPLETELY.