Diocese of Colorado Springs

Mission Co-Op Application
7665 Assisi Heights
Colorado Springs, CO 80919
Phone: 719-636-2345
Mary Theresa Thomas, Mission Co-Op Director
mthomas@diocs.org

MISSION COOPERATIVE PLAN APPLICATION DATE_____

APPLICATION FOR YEAR: _____

PREVIOUS APPLICATION - Please check one YES_____ NO_____

Previous Participation in MCP year _____

Diocese/Community/Organization:

Name of Contact Person:

Address:

City: **State:** **Zip Code:**

Telephone Number: ( ) **Fax Number: ( )**

EMAIL ADDRESS:

BRIEF DESCRIPTION OF APOSTOLATE OR NEEDS

IMPORTANT: IT IS ESSENTIAL THAT THE FOLLOWING OBLIGATIONS ARE MET FOR YOU TO BE CONSIDERED FOR THE MISSION COOPERATIVE APPEAL IN OUR DIOCESE:

1. A letter from your Bishop or Religious Superior recommending the appeal must accompany this application.
2. A Testimonial for Suitability for each Missionary Priest must be signed and sealed by your Bishop or Religious Superior and **must be received by our Mission Director at least two weeks prior to the appeal.**
3. It is important that you have a **representative in the United States** to better facilitate correspondence concerning the scheduling of appeals and to ensure prompt receipt of funds.

US Representative's Name:

Address:

City: **State:** **Zip Code:**

Telephone Number: ( ) **Fax Number: ( )**

EMAIL ADDRESS:

NOTE: DUE TO THE OVERWHELMING NUMBER OF REQUESTS FOR PARTICIPATION IN THE MISSION COOPERATIVE PLAN APPLICANTS WHO ARE CHOSEN FOR A GIVEN YEAR WILL NOT BE ELIGIBLE FOR INCLUSION FOR THE NEXT FIVE (5) YEARS. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.