



The Society for the Propagation of the Faith  
Mission Office  
Department of Parish Vitality and Mission  
3525 South Lake Park Avenue  
Chicago, IL 60653  
tel. 312.534.3322 fax 312.534.1599  
WeAreMissionary.org

## Application Instructions 2021 Missionary Cooperation Plan

To be eligible to share mission stories and invite support from participating parishes of the Archdiocese of Chicago during the months of June, July or August, the following application must be filled out in its entirety. Responses can be typed in the PDF form or handwritten clearly and legibly on a printed copy. Each application **must** include an accompanying letter signed by the appropriate authority (see below). The letter should communicate awareness of the application and introduce the U.S. point of contact. Do not include this cover sheet when submitting the application.

### Authority and U.S. Contact

Each missionary institution must identify the appropriate authority, who may be a diocesan bishop, a religious superior, an executive director or board president of a missionary organization. The authority confers certification for appeal speakers. The U.S. point of contact is responsible for communication throughout the process and submitting all required documentation. She/he is the primary contact with the parishes and Mission Office.

### Eligibility for Acceptance

Missionary institutions that maintain a committed presence within the Archdiocese of Chicago are eligible to participate two out of every three years. Missionary causes with no committed presence within the archdiocese are eligible to participate every other year. Eligibility does not guarantee acceptance. The office strives to distribute acceptance as evenly as possible between mission dioceses, congregations of men religious, congregations of women religious and lay organizations.

### Payment of Mission Appeal Funds

Before completing the application, please note that to be eligible to make mission appeals in the Archdiocese of Chicago your missionary institution must have a recipient in the United States to whom funds may be sent by check. All appeal checks **must** be cashed or deposited within the United States. This office does not send mission appeal funds by wire transfer.

### Application Deadline:

Tuesday, December 31, 2020

No late applications will be considered.

### Send application via:

Email: [missions@archchicago.org](mailto:missions@archchicago.org)

Fax: 312.534.1599

Mail: Mission Office Attn: Missionary Cooperation Plan  
3525 South Lake Park Avenue Chicago, IL 60653

### Questions?

Contact: Ms. Megan Mio, Mission Appeals Coordinator

Email: [mmio@archchicago.org](mailto:mmio@archchicago.org)

Phone: 312.534.3310



### Pontifical Mission Societies:

Society for the Propagation of the Faith  
Missionary Childhood Association  
Society of St. Peter Apostle  
Pontifical Missionary Union



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# Application 2021 Missionary Cooperation Plan

**Institution Name:** \_\_\_\_\_

**Institution Type:**

- Archdiocese, Diocese, Apostolic Vicariate or Prefecture
- Women's Religious Congregation
- Men's Religious Congregation
- Organization

**Country/ies Served:** \_\_\_\_\_

**Institutional Information:**

Select Authority:  Bishop  Relig. Superior  Director  Other: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_

Web Address (if applicable): \_\_\_\_\_

**United States Contact:**

Name & Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_



**Pontifical Mission Societies:**  
Society for the Propagation of the Faith  
Missionary Childhood Association  
Society of St. Peter Apostle  
Pontifical Missionary Union



**1. Please select the *most likely* description(s) of your mission appeal speaker(s).**

Priest/Bishop      Deacon      Religious Sister      Religious Brother      Lay Missionary

**2. Would your institution be able to provide speakers of various languages to make parish appeals? Please select all that apply.**

English      Spanish      Polish      Other: \_\_\_\_\_

**3. Have you applied or been accepted into the Missionary Coop Plan in the past three years? Please select all that apply.**

**Applied:**      2018      2019      2020      **Accepted:**      2018      2019      2020

**4. Does your institution have other relationships with the Archdiocese of Chicago? If so, please explain.**

(Examples might include members serving through a local parish or Catholic agency, studying at a Catholic institution, or other relationships with parishes or diocesan offices.)

**5. Please describe the general missionary purpose of the institution.**

**6. How and where will mission appeal funds be used?**

Please be specific about ministries, projects or programs. Be prepared to offer a report after appeals are complete.