



APPLICATION FOR ALIYAH ASSISTANCE



FIRST NAME:

LAST NAME:

HOME PHONE:

CELL PHONE:

FULL MAILING ADDRESS:

COUNTRY OF BIRTH:

DATE OF BIRTH:

IF APPLICABLE, DATE OF IMMIGRATION TO NORTH AMERICA:

FAMILY STATUS: SINGLE: MARRIED: WIDOW/ER: DIVORCED: SEPARATED:

Please give the names, and ages, of those in your family who will make Aliyah with you:

SHARE YOUR STORY: To assist us in making a wonderful match with your Project Return sponsors, on a separate sheet of paper, please elaborate on the following points:

- A brief history of your family: when did they come to North America and from where?
- How did WWII affect your family?
- Some stories of your own journey, interests, schooling, career, hopes and dreams.
- Location you plan to move to initially.
- And any other information you feel would be helpful.

Please send a clear digital picture(s) of all those making Aliyah with you.

REASONS FOR MOVING TO ISRAEL?

FAMILY:

DRAWN TO ISRAEL:

ANTI-SEMITISM:

OTHER:

DATE OF
ALIYAH FLIGHT:

JEWISH AGENCY ALIYAH
APPROVAL DATE:

IF YOU HAVE NOT RECEIVED YOUR ALIYAH APPROVAL, PLEASE EXPLAIN WHERE YOU ARE IN THE PROCESS:

What kind of assistance have you received, or will receive, from other sources as you prepare to live in Israel?

FINANCIAL:

HOUSING:

SUPPORT SYSTEM:

PLANE TICKET:

OTHER:

Please provide the names of organizations and amount of assistance

Please confirm you are open to this new relationship of prayer, encouragement and financial support that Return Ministries will strive to set up for you with members of the Christian Community who love G-d's land and people.

YES:

NO:

To enhance our ability to assist in Aliyah, may we have your permission to share your story and picture on our communications platforms to reach potential donors/sponsors?

YES:

NO:

What method would be best to send you Project Return Aliyah Funds?

IF PAYPALPLEASE PROVIDE EMAIL:

IF WIRE BANK TRANSFER: Provide name of bank and address, name and # of account, transit # and swift code:

What forms of communication and encouragement from your Project Return sponsor are you open to receiving?

LETTERS:

EMAILS:

PHONE CALLS:

VISITS:

FINANCIAL:

Do you have a support system in Israel already?

YES:

NO:

What destination have you arranged for in Israel?

ABSORPTION CENTRE:

COMMUNITY:

FRIENDS:

FAMILY:

IDF:

OTHER:

(If other, please explain)

REFERENCES:

Please provide contact information of two people who know you well such as your Rabbi, an employer or a long time friend, but not a relative.

1. NAME:

PHONE:

EMAIL:

RELATIONSHIP:

Rabbi, Employer or Friend:

2. NAME:

PHONE:

EMAIL:

RELATIONSHIP:

Rabbi, Employer or Friend:

AGREEMENT WITH RETURN MINISTRIES

DATE:

I/We have read the information on your website about Return Ministries' Aliyah Program – Project Return, and I/We desire to participate in Project Return. We acknowledge that G-d has said in the Holy Scriptures that He will call the Gentiles (nations) to help His People return to the Land (Isaiah 49:22) and to rebuild the ancient ruins and repair the ruined cities (Isaiah 61:4). We want to cooperate with G-d's plan and therefore we accept the assistance offered by Gentile Christians as we make Aliyah. We acknowledge this could be a long term relationship and we welcome their friendship, prayers, encouragement and support. You may send my/our information to potential sponsors.

NAMES OF ADULTS:

I/We agree that the information in this form is true and correct. Clicking here will make this form read-only, and allow you to save the completed form.

REMINDER: Please send a digital picture(s) of you and those making Aliyah with you that is suitable to send to potential sponsors.

Under Return Ministries' **Project Return** program, we will make every effort to match you with a suitable sponsor as outlined in the application process.

E-MAIL TO:

pegbyars@return.co.il

OR MAIL TO:

Return Ministries Box
419, Plattsville
Ontario, Canada
N0J 1S0

