



**APPLICATION FOR ALIYAH ASSISTANCE**



FIRST NAME:	<input type="text"/>	
LAST NAME:	<input type="text"/>	E-MAIL: <input type="text"/>
HOME PHONE:	<input type="text"/>	OCCUPATIONS OF ADULTS MAKING ALIYAH: <input type="text"/>
CELL PHONE:	<input type="text"/>	
FULL MAILING ADDRESS:	<input type="text"/>	DATE OF BIRTH: <input type="text"/>
		LOCATION YOU PLAN TO SETTLE IN: <input type="text"/>
COUNTRY OF BIRTH:	<input type="text"/>	
IF APPLICABLE, DATE OF IMMIGRATION TO NORTH AMERICA:		<input type="text"/>

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.
- 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 your Aliyah, we ask for your permission to share your story and picture in our communications (**not social media**) with potential donors/sponsors.

YES:

NO:

Our preferred method to send your Project Return Aliyah funds is by Wise.com. Please register for an account and record your WISE number and the email attached to your account.

WISE #:

Your WISE Email:

If you are unable to sign up for Wise, please send us your full address (P.O. box), bank account number, routing number (ACH or Wire - confirm which), and account type (Checking or Savings) so we can complete your transfer.

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)*

For our records, we will require a copy of your Jewish Agency approval (Teudat Oleh) within the first two weeks of your arrival in Israel. Initial here:

**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

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.**

Please Sign:

Date:

**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 outlines in the application process.

### E-MAIL TO:

projectreturn@return.co.il

### OR MAIL TO:

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

