



APPLICATION FOR ASSISTANCE

LAST NAME: FIRST NAME:

HOME PHONE: WORK PHONE:

CELL PHONE: SKYPE NAME:

EMAIL: FACEBOOK NAME:

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:

In order to assist us in processing your application, please share your heart and thoughts on the following which will help us to match you with appropriate sponsors (*please submit with your application on a separate paper*):

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



This is a two-step process. To assist us in making a great and appropriate match, please provide us additional information. Once we receive your completed application we will be in touch with you for a phone interview.

WHY ARE YOU RETURNING TO ISRAEL? FAMILY: ☐ DRAWN TO ISRAEL: ☐ ANTI-SEMITISM: ☐

OTHER:

(please explain)

DATE YOU EXPECT TO MAKE ALIYAH: ALIYAH JEWISH APPROVAL DATE:

IF YOU HAVE NOT YET RECEIVED YOUR ALIYAH APPROVL: *(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)

Do you have sufficient funds for the first year? YES: ☐ NO: ☐

If we send you funds in Israel, what method would be best:

PAYPAL: ☐ IF PAYPAL PLEASE PROVIDE EMAIL: US MONEY ORDER SENT TO YOU BY MAIL: ☐

OTHER: ☐ Give mailing address, email & phone number if we are to mail to someone, like a family member, in North America for deposit to your account *(including name of account holder):*

Are you open to this new relationship of prayer, support and encouragement that **Project Return** may set up for you with members of the Christian community? YES: ☐ NO: ☐

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

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 two references who know you well such as your Rabbi, an employer or a long time friend, but not a relative.

1. NAME:

PHONE:

EMAIL:

RELATIONSHIP:

2. NAME:

PHONE:

EMAIL:

RELATIONSHIP:

Please send a digital photograph of yourself and other family members making Aliyah with you.
Your personal information sent to us will only be shared with potential sponsors, and by completing and signing this application, you are giving your permission in this regard.



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 may be a long term relationship and we welcome their friendship, prayers, encouragement and support. You may send this information to potential sponsors.

NAMES OF ADULTS:

REMINDER: Please send a digital picture of you and your family suitable to send to potential sponsors.

Return Ministries under the **Project Return** program will make every effort to match you with a sponsor as outlined in the application process.

We bless you on your journey home.

Send your application to:
pegbyars@return.co.il Canada

