



City of Berlin Scholarship
of the Checkpoint Charlie Foundation,
Berlin, Germany

Re-Application Form

Please print or type.

Last Name, First Name Middle Initial	Social Security No.
Name of parent affected by Sept. 11 attacks	Unit / Ladder

Requested dates for the scholarship

This reapplication is for

- fall semester 20__ (fill in the year)
 spring semester 20__ (fill in the year)

My degree program began on: _____ **and lasts until:** _____
(mm/dd/yyyy) (mm/yyyy)

Applicant's permanent address *(fill out only if it has changed):*

Telephone: _____

Email (**VERY IMPORTANT**): _____

Applicant's current address, if different from permanent address *(fill out only if it has changed):*

Telephone: _____

Email (**VERY IMPORTANT**): _____

Name and address of the applicant's university or college:

Telephone: _____

Fax: _____

Email: _____

**Information about the school's bank account to which the payment should be wired.
Please reconfirm this information with the school, as it may change from year to year:**

Account holder: _____

Name of the school's bank: _____

Bank's address: street _____

city, state, zip _____

Account number, to which payment should be wired: _____

ABA Routing Number: _____ SWIFT CODE: _____

Applicant's student ID or student account #: _____

How many siblings do you have? _____ **Age(s):** _____

Has a sibling received a City of Berlin Scholarship in the past? Yes / no _____ **His / her name?** _____

Are you currently receiving any other scholarships? Yes **No**

If so, which ones and for what amount(s)? _____

What was your parents' combined adjusted gross income last year? \$ _____

Major/program of study: _____

Academic status at the beginning of the new semester (please check one):

BACHELOR		MASTER	TRADE/VOCATIONAL SCHOOL
<input type="checkbox"/> 1 st semester junior	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program
<input type="checkbox"/> 2 nd semester junior			
<input type="checkbox"/> 1 st semester sophomore	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program
<input type="checkbox"/> 2 nd semester sophomore			
<input type="checkbox"/> 1 st semester senior	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program	<input type="checkbox"/> I am currently in semester ___ of a ___ semester program
<input type="checkbox"/> 2 nd semester senior			

Please include:

- an official cost summary from your university or college for the first semester for which funding is requested. A summary for the second semester must be provided to the Checkpoint Charlie Foundation as soon as it is available
- an existing financial aid summary (FAFSA, Federal Pell Grants, etc.)
- an official copy of current transcript (GPA of 3.0 or higher on a 4.0 scale required)

If you will be transferring or starting a new degree program, please include in addition:

- a letter of acceptance from the university

Please send your re-application directly to Checkpoint Charlie Foundation: info@cc-stiftung.de, but include Friends of Firefighters, Inc., info@friendsoffirefighters.org on "cc" to inform them about your progress.

I hereby affirm the accuracy of the information provided in this re-application and have read and understand the terms and conditions of this scholarship.

Signature _____ Date _____

Re-Application Checklist

Re-Application form for the City of Berlin Scholarship

Please make sure that you include all of the items below and include this checklist with your application.

Name, First name: _____

Application for the academic term(s): _____

- Re- Application form
- Number of siblings _____ Their age/s: ____/____/____/____
- Official tuition summary \$_____ / semester
- Financial aid summary \$_____ / semester
- a copy of your current transcript. GPA: _____
- Yes, I have reviewed the information that I have provided about my school's bank account information for incoming wire payments and confirmed that it is correct.

Date: _____

Your initials: _____