

City of Berlin Scholarship

of the Checkpoint Charlie Foundation, Berlin, Germany

Re-Application Form Please print or type.

Last Name, First Name Mide	dle Initial	Social Security No.
Name of parent affected by Sept. 11 attacks		Unit/Ladder/Flight no. etc.
Requested dates for the schola	rship	
•	☐ fall semester 20 (fill in the year)☐ spring semester 20 (fill in the year)	
My degree program began on: _	egree program began on: and lasts until: (mm/yyyy) (mm/yyyy)	
Applicant's permanent address	(fill out only if it has changed)	:
Telephone:		
Email (VERY IMPORTANT):		
Applicant's current address, if changed):	•	dress (fill out only if it has
Email (VERY IMPORTANT):		

Name and address of the applicant's university or college:			
Telephone:			
Fax:			
Email:			
How many siblings do you have	? Age(s): _	·	
Has a sibling received a City of I her name?		st? Yes / no His /	
Are you currently receiving any	other scholarships? Ye	s □ No□	
If so, which ones and for what a	mount(s)?		
What was your parents' combine	ed nre-tax annual income la	st year? \$	
Major/program of study:	-	•	
Academic status at the beginn	ing of the new semester (p	lease check one):	
BACHELOR	MASTER	TRADE/VOCATIONAL SCHOOL	
☐ 1 st semester junior	1	☐ I am currently in semester of a semester program	
□ 2 nd semester junior □ 1 st semester sophomore			
□ 2 nd semester sophomore			
□1 st semester senior			
□ 2 nd semester senior			
Checkpoint Charlie Foundaan existing financial aid sur	om your university or college to mmary for the second semest ation as soon as it is available mmary (FAFSA, Federal Pell ranscript (GPA of 3.0 or highe	er must be provided to the Grants, etc.)	
If you will be transferring or starting • a letter of acceptance from		ase include in addition:	
		oundation: info@cc-stiftung.de, but g on "cc" to inform them about your	
I hereby affirm the accuracy of the understand the terms and condition	•	e-application and have read and	
Signature	Date		
g. 10.01 0			