Application Checklist

FOR A FIRST-TIME APPLICATION for the City of Berlin Scholarship
Please include all of the items listed like in the order below in your application file and place
this checklist as the front page of your application file.

PLEASE NOTE: CCF will only accept applications who are:

- complete
- in one pdf and where pages are in order as requested below
- in an acceptable form (only scans, no photographs of papers)

	ame, First name: ation for semester/acade	emic year:					
Applic	cation materials:						
	Application form (3 pages) Number of siblings Their age/s:/_/_/_ Proof of accident disability retirement and/or pension related to 9/11, or proof that a parent died after Sept. 11, 2001 due to an illness related to post-9/11 work at Ground Zero If the proof of accident disability retirement is not from the FDNY: proof of current or previous employment by the FDNY Copy of parent(s)/ legal guardian(s) previous year's U.S. Individual Income Tax Return						
□ - for inc	(Form 1040 (here only front page and page 2) Applicant's birth or adoption certificate Two letters of recommendation ncoming college freshman only: Letter of acceptance from future college/university/vocational or school Copy of transcript of grades for your High School Diploma						
for cu	copy of current transcrip	er on a 4.0 scale require					
	Total amount of financial aid Personal statement (approx. 1000 words, type size min. 11, max. 2 pages) Essay about Germany (approx. 1000 words type size min. 11, max 2 pages) Acceptable color portrait photo (size like for a passport) measuring at least 600 x 600 pixel (if a scan, please send it as a separate file) or 2.5 x 3.5 inches (if sending the photo as a hard copy)						
	Date		Applicant signature				
_	 Date:	Confirmation of comple	of FoF representative				



City of Berlin Scholarship

of the Checkpoint Charlie Foundation, Berlin, Germany

Application Form (as of October 2018) Please print or type

Last Name, First Name Mi	ddle Initial	Social Security No.			
Name of parent affected by	Unit/Ladder				
Permanent address:					
Telephone: Email (VERY IMPORTANT):	Date of birtl	n (MM/DD/YYYY):/			
Email (VERT IIIII ORTAIT).					
Requested dates of scholarship Initially one year (2 semesters), starting with □ fall semester 20 (fill in the year) □ spring semester 20 (fill in the year)					
My degree program began/will	begin on: (MM/DD/YYYY)	and lasts until:(MM/YYYY)			
Name of college/university/trac	le school:				
Intended degree/certification a	nd subject/major:				
Student ID Number (issued by	school):				
Your academic status at the be	eginning of the scholarship (ple	ease check one):			
BACHELOR	MASTER or comparable	TRADE/VOCATIONAL SCHOOL			
☐ 1 st semester freshman☐ 2 nd semester freshman☐ 1 st semester sophomore☐ 2 nd semester sophomore	☐ I am currently in semester of a semester program	☐ I am currently in semester of a semester program			
☐ 1 st semester junior ☐ 2 nd semester junior ☐ 1 st semester senior ☐ 2 nd semester senior					
How did you hear about this How many siblings do you ha	•				
Has a sibling received a City If yes, what is his / her name		past? □Yes □ No			

•	receiving any othe s and for what amo	•	□Yes □ No
Your parents' cor	mbined adjusted gr	oss income last year?	\$
(as stated in their tax	k return, form 1040 or	1040EZ)	
Applicant's curre	nt address (if differ	ent from permanent ad	dress):
Telephone:			
Address of the co	ollege, university or	r trade school:	
Address of the co	onege, university or	r trade school's financia	ai aid office:
Telephone:		Fax:	
Email			
Name of the school	ol's bank:		
Bank's address	street:		
	city, state, zip		
Bank acct. no., to	which tuition paymer	nt should be wired:	
ABA Routing Number:			DE:

In addition, you <u>must</u> include the following with the application, on separate sheets and <u>must</u> <u>be in the following order</u>:

- Checklist page
- This application form (3 pages)
- Copy of the certification of your parent's accident disability retirement and/or if illness or disability, including a statement that the illness/disability is related to related to work at Ground Zero on or after 9/11 The statement may be on a separate document, if necessary. If the parent has since died of their illness, please include a copy of the death certificate.
- If the proof of disability/inability to work is not from the FDNY, a letter or other documentation from the NYFD or your parent's current or former employer confirming that he/she was on duty on September 11th and/or at Ground Zero following September 11th.
- Your birth or adoption certificate, as proof of your identity and relationship to the parent above
- A max. 1000 word (max. 2 pages, type size min. 11) essay about your knowledge of Germany and German-American relations
- A max. 1000 word (max. 2 pages, type size min. 11) personal statement on how you would benefit from this scholarship, including a brief description of your parent's involvement with 9/11.
- 2 letters of recommendation (including at least one by a recent teacher/professor/ counselor)

- A presentable <u>color</u> portrait photo of yourself measuring at least 600x600 pixels (if sending as a e-file) or 2.5 x 3.5 inches (if sending as a hard copy)
- Official tuition 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 becomes available
- Existing financial aid summary (FAFSA or similar)
- Copy of parent(s)/ legal guardian(s) previous year's U.S. Individual Income Tax Return (Tax Form 1040/1040ez - here only front page and page 2)

If you are an upcoming college freshman, please include:

- a letter of acceptance from your future college/university/vocational or trade school
- an official copy of your high school transcript

If you are currently a college/university student, please include:

• an official copy of your current transcript (a GPA of 3.0 or higher on a 4.0 scale is required)

Signature and privacy release

I hereby affirm the accuracy of the information provided in this application and have read and understood the terms and conditions of this scholarship. I hereby grant the Checkpoint Charlie Foundation permission to list my name as a recipient of the City of Berlin Scholarship on the scholarship bear sculpture at the FDNY and to include a brief biography and photograph of me in print and online publications about the City of Berlin Scholarship. I also grant a permission for them to save and process the information that I send to them, in both electronic and analog form, for archival purposes and in order to properly document the proper use of scholarship funds to auditors and other public agencies.

Note: If you do not consent to some of the privacy	terms, please cross them out like this: name
Printed name:	
Signature	Date

Applications will be **considered in June and November** but may be submitted in advance. **Only complete applications will be considered.** All application materials should be sent, **in the order listed above**, to the following address:

Friends of Firefighters, Inc.

199 Van Brunt Street
New York, New York 11231
Phone: (718) 643–0980 Fax: (718) 643–1240
www.friendsoffirefighters.org info@friendsoffirefighters.org

The application form can also be found on the Checkpoint Charlie Foundation's website: www.cc-stiftung.de