



Re-Application Checklist

Re-Application form for the City of Berlin Scholarship

PLEASE NOTE: CCF WILL ONLY ACCEPT applications which are:

- **COMPLETE (WITH THE CHECKLIST BEING THE FIRST PAGE)**
- **IN A SINGLE PDF FILE and with documents in the order as listed below**
- **in an acceptable form (only scans, no photographs of papers or loose pages)**

Last name, First name: _____

Application for semester/academic year: _____

- Re- Application form
- Official tuition summary \$ _____ / semester
- Copy of parent(s)/ - or your own - legal guardian(s) previous year's U.S. Individual Income Tax Return (Form 1040) (here **only** front page and page 2)
- Copy of current transcript of studies
- _____ **GPA (3.0 or higher on a 4.0 scale required) –**
Please do not apply, if your current GPA is below 3.0)
- Tuition summary or statement _____ USD
- Total amount of financial aid _____ USD
- Yes, I have reviewed the information that I had provided about my school's bank account for incoming wire payments and confirm that it is correct
- Letter of progress (max. 1 page)
- If you will be transferring or starting a new degree program, please include in addition:
a letter of acceptance from the university

Date: _____

Your signature _____



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)

My personal E-Mail address (not from one of your parents!) _____

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: _____

Because CCF is a nonprofit organization and we have to handle money responsibly, we ask you to verify options for transferring the City of Berlin Scholarship directly to your college / university (not using a middle man) in advance:

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)? _____

Your parents' combined adjusted gross income last year? \$ _____
 (as stated in their tax return, form 1040 or 1040EZ)

Major/program of study: _____

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

BACHELOR		MASTER
_ 1 st semester sophomore		This fall I will be in semester ___ of a ___ semester program
_ 2 nd semester sophomore		
_ 1 st semester junior		
_ 2 nd semester junior		
_ 1 st semester senior		
_ 2 nd semester senior		

In addition, you must include the requested papers/information as listed in the checklist. The checklist has to be the first (front) page.

Please note, that CCF only will accept applications, that are COMPLETE in a proper form and if the application is only one pdf file (no single pages)!! Photographs of documents are not a proper form, please only use scans.

Applications will be **considered in by August 20. ONLY COMPLETE APPLICATIONS (SEE CHECKLIST) WILL BE CONSIDERED.** All application materials should be sent, in the order listed above and as ONE single .pdf file, to the following address:

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 _____