

Application Checklist (2021)



FOR A FIRST-TIME APPLICATION for the City of Berlin Scholarship
Please include **ALL OF THE ITEMS** in the order listed below in your application file and put this checklist page as the front page of your application file.

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: Fall 20__ / Spring 20__

Application materials:

- Application form (3 pages)
- Number of siblings ____ Their age/s: __/__/__/_/___
- Proof of a parent's 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)/ - or your own - legal guardian(s) previous year's U.S. Individual Income Tax Return (Form 1040 (here **only** front page and page 2)
- Applicant's birth or adoption certificate
- Two** letters of recommendation

for incoming college freshman only:

- Letter of acceptance from future college/university or vocational school
- Copy of transcript of grades for your High School Diploma

for currently enrolled university/community college students:

- copy of current transcript of studies
- ____ **GPA (3.0 or higher on a 4.0 scale required)**, please do not apply if your GPA is below 3.0
- Tuition summary or statement _____ USD
- Total amount of financial aid _____ USD
- Personal statement (approx. 800 words, type size min. 11, max. 2 pages)
- Essay about Germany (approx. 800 words type size min. 11, max 2 pages)
- Acceptable color portrait photo (size like for a passport) measuring at least 600 x 600 pixels (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

Confirmation of completeness by FoF

Date:

Signature of FoF representative



City of Berlin Scholarship
 of the Checkpoint Charlie Foundation,
 Berlin, Germany
Application Form
 (as of 2021)
 Please print or type

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

Permanent address: _____

Telephone: _____ Date of birth (MM/DD/YYYY): ___/___/___

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

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: _____ and lasts until: _____
 (MM/DD/YYYY) (MM/YYYY)

Name of college/university _____

Intended degree/certification and: _____
subject/major _____

Student ID Number (issued by school): _____

Your academic status at the beginning of the scholarship (please check one):

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

How did you hear about this scholarship? _____

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

Has a sibling received a City of Berlin Scholarship in the past? Yes No

If yes, what is his / her name? _____

Have you ever received a CBS before? If so, when (from-to) _____

Are you currently receiving any other scholarships? Yes No

If yes, 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)

Applicant's current address (if different from permanent address):

Telephone: _____

Address of the college, university or trade school:

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:

Address of the college, university or trade school's financial aid office:

Telephone: _____ Fax: _____

Email _____

Name of the school's bank: _____

Bank's address street: _____

city, state, zip _____

Bank acct. no., to which tuition payment should be wired: _____

ABA Routing Number: _____ SWIFT CODE: _____

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.

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 by August 8, 2021. 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:

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