



Application Checklist

City of Berlin Scholarship

2023

PLEASE NOTE: CCF WILL ONLY ACCEPT APPLICATIONS IF THEY ARE

- COMPLETE (all items from checklist included, checklist as the front page)
- IN A SINGLE PDF FILE (documents in the order shown below)
- IN ACCEPTABLE FORM (scans instead of photos of documents, no loose pages)

Last name, First name: _____

Application for semester/academic year: _____

<input type="checkbox"/> Application form (4 pages) <input type="checkbox"/> Number of siblings: _____ Their age/s: _____ <input type="checkbox"/> 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 <input type="checkbox"/> If the proof of accident disability retirement is not from the FDNY: proof of current or previous employment by the FDNY <input type="checkbox"/> Copy of parent(s)/ - or your own - legal guardian(s) previous year's U.S. Individual Income Tax Return (Form 1040, only front page and page 2) <input type="checkbox"/> Applicant's birth or adoption certificate <input type="checkbox"/> Two letters of recommendation <input type="checkbox"/> Personal statement (approx. 800 words, type size min. 11, max. 2 pages) <input type="checkbox"/> Essay about Germany (approx. 800 words type size min. 11, max 2 pages) <input type="checkbox"/> Acceptable <u>color</u> portrait photo (passport format) measuring at least 600 x 600 pixels (if it's a scan, please send it as a separate file) or 2.5 x 3.5 inches (if sending the photo as a hard copy) <input type="checkbox"/> _____ GPA (3.0 or higher on a 4.0 scale required) , please do not apply if your GPA is below 3.0 <input type="checkbox"/> Tuition summary or statement _____ USD <input type="checkbox"/> Total amount of financial aid _____ USD
for incoming college freshmen only: <input type="checkbox"/> Letter of acceptance from future college/university or vocational school <input type="checkbox"/> Copy of transcript of grades for your High School Diploma
for currently enrolled university/community college students <input type="checkbox"/> Copy of current transcript of studies

Date _____

Applicant's Signature _____

Confirmation of completeness by FoF

Date: _____

Signature of FoF representative _____



Application Form

City of Berlin Scholarship 2023

Please print or type

Applicant's Last Name, First Name, Middle Initial	Social Security No.
Name of parent affected by 9/11 attacks	Unit/Ladder

Pronouns: he/him she/her they/them other: _____

Date of Birth: _____

Your **personal email** address:

Your **permanent address**:

Phone #:

Your **current address**, if different from permanent address:

Phone #:

Email address:

Requested dates of scholarship

Initially one academic year (2 semesters), starting

fall semester 20____ (year)

spring semester 20____ (year)

Your degree program began on _____ and will last until _____.
(mm/dd/yyyy) (mm/dd/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'S	MASTER'S
<input type="checkbox"/> 1 st semester freshman	This fall I will be 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?

Number of siblings and their ages:

Has a sibling received a City of Berlin Scholarship in the past? Yes

No

If yes, please give his/her/their name(s):

Have you received the CBS before? Yes

No

If yes, please give the time frame:

Are you currently receiving any other scholarships? Yes

No

If yes, which ones and for what amount?

Your parents' combined adjusted gross income last year (*as stated in tax return, form 1040 or 1040EZ*):

Name and address of your **university, college, or trade school**:

Phone #:

Fax:

Email:

Because CCF is a nonprofit organization and we have to handle money responsibly, we ask you to provide options to transfer the City of Berlin Scholarship directly to your college/university.

Information about the school's bank account to which the payment should be wired. Please confirm this information with the school.

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

Phone #:

Fax:

Email:

Name and address of the school's bank:

Bank account number to which payment should be wired:

SWIFT CODE:

In addition, you must include all requested documents/information as listed in the checklist. The checklist must be the front page of your application.

Please note that CCF will only accept applications, that are **complete** and in proper form and only if the application consists of a **single .pdf file** (no single pages)! Photographs of documents cannot be accepted, 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 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 completely 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:

~~example~~

Printed name: _____

Signature _____ Date _____

Only applications **submitted by Monday, 31 July 2023** will be considered. **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

Please note that the board will discuss your application at their meeting which will take place in **mid-September**. Please be patient, we will contact you about the board's decision shortly after the meeting.