

Reapplication 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:		
☐ Reapplication Form		
☐ Official tuition summary		
Copy of parent(s)/your own/legal guardian(s) previous year's U.S. Individual Income Tax Return (Form 1040) (front page and page 2 only)		
☐ Copy of current transcript of records		
☐ GPA is 3.0 or higher on a 4.0 scale – do not apply if GPA is lower than 3.0		
☐ Tuition summary or statementUSD		
☐ Total amount of financial aidUSD		
☐ Yes, I have reviewed the information that I 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: Letter of acceptance from the new university/college		
Date		
Applicant's Signature		



Reapplication 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		s Unit/Ladder
Pronouns: Date of Birth:	☐ he/him ☐ she/h	
Reapplying for:	☐ fall semester ☐ spring semester	20 (year) 20 (year)
Your degree program began on and will last until (mm/dd/yyyy) (mm/dd/yyyy) Major/program of study:		
		emester (please check one):
BACHELOR'S		MASTER'S
☐ 1 st semester sophomore ☐ 2 nd semester sophomore ☐ 1 st semester junior ☐ 2 nd semester junior		This fall I will be in semester of a semester program.
 □ 1st semester senior □ 2nd semester senior 		

Your personal email address:
Your permanent address (fill out only if it has changed):
Phone #:
Your current address , if different from permanent address (fill out only if it has changed):
Phone #:
Email address:
Name and address of your university or college :
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 <u>directly</u> 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, as it may have changed.

Account holder:
College/University address:
Bank account number to which payment should be wired:
SWIFT CODE:
Applicant's student ID or student account #:
Number of siblings:
Their age(s):
Has one or more sibling(s) received a City of Berlin Scholarship in the past?
□ Yes
□ No
If yes, please give his/her/their name(s):
Are you currently receiving any other scholarships?
□ Yes
□ No
If yes, which ones and for what amounts?
Your parents' combined adjusted gross income last year (as stated in tax return, form 1040 or 1040EZ):

In addition, you <u>must</u> 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.

Only complete applications (see checklist) that are submitted by <u>Monday</u>, 31 July 2023 will be considered. All application materials should be sent, in the order listed above and as **ONE single .pdf file**, to the following address: <u>info@cc-stiftung.de</u> (Checkpoint Charlie Foundation), but also "cc" <u>info@friendsoffirefighters.org</u> (Friends of Firefighters) to inform them about your progress.

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.

I hereby affirm the accuracy of the information provided in this reapplication and have read and understand the terms and conditions of this scholarship.

Student signature	Date
Otddont signature	Datc