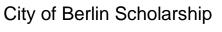
# **Application Checklist**





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:					
□ Application form (4 □ Number of siblings: □ Proof of a parent's proof that a parent at Ground Zero □ If the proof of accid previous employme □ Copy of parent(s)/- Income Tax Return □ Applicant's birth or □ Two letters of record Personal statement □ Essay about Germa □ Acceptable color po	pages)  Their age/s: accident disability retirement and/or pension related to 9/11, or died after Sept. 11, 2001 due to an illness related to post-9/11 work ent disability retirement is not from the FDNY: proof of current or nt by the FDNY or your own - legal guardian(s) previous year´s U.S. Individual (Form 1040, only front page and page 2) adoption certificate nmendation (approx. 800 words, type size min. 11, max. 2 pages) any (approx. 800 words type size min. 11, max 2 pages) ortrait photo (passport format) measuring at least 600 x 600 pixels (if				
copy)					
☐ Copy of transcript o	e from future college/university or vocational school grades for your High School Diploma university/community college students				
Date	Applicant's Signature				
Confirmation of completeness by FoF					
Date:	Signature of FoF representative				



## 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:	she/her	☐ they/them ☐ other:			
Your <b>personal email</b> address:					
Your permanent address:					
Phone #:					
Your <b>current address</b> , if different from	permanent add	ress:			
Phone #:					
Email address:					
Requested dates of scholarship					
Initially one academic year (2 semester	rs), starting				
☐ fall semester 20(ye	ear)				
☐ spring semester 20 (y	ear)				
Your degree program began on(mm/c	and w dd/yyyy)	vill last until (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				
☐ 1 <sup>st</sup> semester freshman					
☐ 2 <sup>nd</sup> semester freshman					
☐ 1 <sup>st</sup> semester sophomore					
☐ 2 <sup>nd</sup> semester sophomore	This fall I will be in semester of a				
☐ 1 <sup>st</sup> semester junior	semester program.				
☐ 2 <sup>nd</sup> semester junior					
☐ 1 <sup>st</sup> semester senior					
☐ 2 <sup>nd</sup> semester senior					
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 scho	olarships?				
	□ 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:				
Possessa CCE is a popprofit organization	en and we have to handle money recognitibly, we ask			
·	on and we have to handle money responsibly, we ask ity of Berlin Scholarship <u>directly</u> to your			
·	account to which the payment should be wired. the school.			
Address of the college, university or tra	ade school's financial aid office:			
Phone #:				
Fax:				
Email:				
Name and address of the school's bar	nk:			
Bank account number to which payme	ent should be wired:			
SWIFT CODE:				

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.

#### 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	y terms, please cross them out like this:
<del>example</del>	
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: <a href="https://www.cc-stiftung.de">www.cc-stiftung.de</a>

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.