



## **Reapplication Checklist**

City of Berlin Scholarship

2024

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 statement \_\_\_\_\_USD
- Total amount of financial aid \_\_\_\_\_USD
- 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 \_\_\_\_\_



Your **personal email** address:

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Your **permanent address** (*fill out only if it has changed*):

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Phone #:

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Your **current address**, if different from permanent address (*fill out only if it has changed*):

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Phone #:

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Email address:

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Name and address of your **university or college**:

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Phone #:

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Fax:

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Email:

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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, 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?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, please give his/her/their name(s): _____
Are you currently receiving any other scholarships?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, which ones and for what amounts? _____
Your parents' combined adjusted gross income last year ( <i>as stated in tax return, form 1040 or 1040EZ</i> ): _____

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.

**Only complete** applications (see checklist) that are submitted **by Friday, August 30, 2024** will be considered. All application materials should be sent, **in the order listed above and as ONE single .pdf file**, to the following address: [info@cc-stiftung.de](mailto:info@cc-stiftung.de) (Checkpoint Charlie Foundation), but also “cc” [info@friendsoffirefighters.org](mailto:info@friendsoffirefighters.org) (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 \_\_\_\_\_