



# Application Checklist

City of Berlin Scholarship

2026

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, <b>only</b> front page and page 2)
<input type="checkbox"/> Applicant's birth or adoption certificate
<input type="checkbox"/> <b>Two</b> 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"/> _____ <b>GPA (3.0 or higher on a 4.0 scale required)</b> , 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
<b>for incoming college freshmen only:</b>
<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
<b>for currently enrolled university/community college students</b>
<input type="checkbox"/> Copy of current transcript of studies

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Confirmation of completeness by FoF**

**Date:** \_\_\_\_\_

**Signature of FoF representative** \_\_\_\_\_



Applicant's Name

\_\_\_\_\_

Intended **degree/certification** and **subject/major**:

\_\_\_\_\_

Student ID Number (issued by school): \_\_\_\_\_

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.**

Name and address of the school's bank:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank account number to which payment should be wired:

\_\_\_\_\_

SWIFT CODE:

\_\_\_\_\_

Your academic status at the beginning of the scholarship (please check one):	
<p style="text-align: center;"><b>BACHELOR'S</b></p> <input type="checkbox"/> 1 <sup>st</sup> semester freshman <input type="checkbox"/> 2 <sup>nd</sup> semester freshman <hr/> <input type="checkbox"/> 1 <sup>st</sup> semester sophomore <input type="checkbox"/> 2 <sup>nd</sup> semester sophomore <hr/> <input type="checkbox"/> 1 <sup>st</sup> semester junior <input type="checkbox"/> 2 <sup>nd</sup> semester junior <hr/> <input type="checkbox"/> 1 <sup>st</sup> semester senior <input type="checkbox"/> 2 <sup>nd</sup> semester senior	<p style="text-align: center;"><b>MASTER'S</b></p> <hr/> <p style="text-align: center;">This fall I will be in semester ____ of a  ____ semester program.</p>
How did you hear about this scholarship? <hr/>	
Number of siblings and their ages: <hr/>	
Has a sibling 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): <hr/>	
Have you received the CBS before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give the time frame: <hr/>	
Are you currently receiving any other scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which ones and for what amount? <hr/> <hr/>	
Your parents' combined adjusted gross income last year ( <i>as stated in tax return, form 1040 or 1040EZ</i> ): <hr/>	

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 Friday, August 14, 2026** 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](http://www.friendsoffirefighters.org)      [info@friendsoffirefighters.org](mailto:info@friendsoffirefighters.org)

The application form can also be found on the Checkpoint Charlie Foundation's website:  
[www.cc-stiftung.de](http://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.