



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: _____

- Application form (4 pages)
- Number of siblings: _____ Their age/s: _____
- 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
- If the proof of accident disability retirement is not from the FDNY: proof of current or previous employment by the FDNY
- 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)
- Applicant's birth or adoption certificate
- Two** letters of recommendation
- Personal statement (approx. 800 words, type size min. 11, max. 2 pages)
- Essay about Germany (approx. 800 words type size min. 11, max 2 pages)
- Acceptable color 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)
- _____ **GPA (3.0 or higher on a 4.0 scale required)**, please do not apply if your GPA is below 3.0
- Tuition summary or statement _____ USD
- Total amount of financial aid _____ USD

for incoming college freshmen only:

- Letter of acceptance from future college/university or vocational school
- Copy of transcript of grades for your High School Diploma

for currently enrolled university/community college students

- Copy of current transcript of studies

Date _____

Applicant's Signature _____

Confirmation of completeness by FoF

Date:

Signature of FoF representative

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*):

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:

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 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.