



# Application 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: \_\_\_\_\_

<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** \_\_\_\_\_



# Application Form

## City of Berlin Scholarship 2024

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:**  he/him  she/her  they/them  other: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

<p>Your <b>personal email</b> address:</p> <p>_____</p> <p>Your <b>permanent address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #:</p> <p>_____</p> <p>Your <b>current address</b>, if different from permanent address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone #:</p> <p>_____</p> <p>Email address:</p> <p>_____</p>
<p align="center"><b>Requested dates of scholarship</b></p> <p>Initially one academic year (2 semesters), starting</p> <p><input type="checkbox"/> fall semester 20____ (year)</p> <p><input type="checkbox"/> spring semester 20____ (year)</p> <p>Your degree program began on _____ and will last until _____.</p> <p align="center">(mm/dd/yyyy) (mm/dd/yyyy)</p>

Name of college/university

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

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

Your academic status at the beginning of the scholarship (please check one):

BACHELOR'S	MASTER'S
<input type="checkbox"/> 1 <sup>st</sup> semester freshman	This fall I will be in semester ____ of a ____ semester program.
<input type="checkbox"/> 2 <sup>nd</sup> semester freshman	
<input type="checkbox"/> 1 <sup>st</sup> semester sophomore	
<input type="checkbox"/> 2 <sup>nd</sup> semester sophomore	
<input type="checkbox"/> 1 <sup>st</sup> semester junior	
<input type="checkbox"/> 2 <sup>nd</sup> semester junior	
<input type="checkbox"/> 1 <sup>st</sup> semester senior	
<input type="checkbox"/> 2 <sup>nd</sup> semester senior	

How did you hear about this scholarship?

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Number of siblings and their ages:

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Has a sibling received a City of Berlin Scholarship in the past?  Yes

No

If yes, please give his/her/their name(s):

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Have you received the CBS before?  Yes

No

If yes, please give the time frame:

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Are you currently receiving any other scholarships?  Yes

No

If yes, which ones and for what amount?

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Your parents' combined adjusted gross income last year (*as stated in tax return, form 1040 or 1040EZ*):

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Name and address of your **university, college, or trade school**:

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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.**

Address of the college, university or trade school's financial aid office:

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Phone #:

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Fax:

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Email:

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Name and address of the school's bank:

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Bank account number to which payment should be wired:

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SWIFT CODE:

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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 30, 2024** 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.