Application Checklist





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 semest	er/academic year:				
• •	☐ Application form (4 pages)				
☐ Number of sibling	☐ Number of siblings: Their age/s:				
· ·	t's accident disability retirement and/or pension related to 9/11, or				
proof that a parer at Ground Zero	nt died after Sept. 11,	2001 due to an illness related to post-9/11 work			
	ident dischility vetinement is not from the EDNIV was full surrout.				
<u>-</u>	roof of accident disability retirement is not from the FDNY: proof of current or s employment by the FDNY				
	·				
	Copy of parent(s)/ - or your own - legal guardian(s) previous year's U.S. Individual ncome Tax Return (Form 1040, only front page and page 2)				
1					
1					
		e) 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		USD			
☐ Total amount of fi		USD			
for incoming colleg	-				
<u>'</u>	•	e/university or vocational school			
☐ Copy of transcript of grades for your High School Diploma					
	•	unity college students			
□ Copy of current transcript of studies					
Date		Applicant's Signature			
Confirmation of completeness by FoF					
Date:	Sig	Signature of FoF representative			



City of Berlin Scholarship 2024

Please print or type

Applicant's Last Name, First Name	Social Security No.				
Name of parent affected by 9/	Unit/Ladder				
Pronouns:	□ she/her	□ they/them □ other:			
Your personal email address:					
Your permanent address:	_				
Phone #:					
Your current address , if different fro	- m permanent add	dress:			
Phone #:					
Email address:	-				
Requested dates of scholarship					
Initially one academic year (2 semest	ers), starting				
☐ fall semester 20(year)				
☐ spring semester 20	(year)				
Your degree program began on(mm	and v n/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 st semester freshman					
☐ 2 nd semester freshman					
☐ 1 st semester sophomore					
☐ 2 nd semester sophomore	This fall I will be in semester of a				
☐ 1 st semester junior	semester program.				
☐ 2 nd semester junior					
☐ 1 st semester senior					
☐ 2 nd semester senior					
Has a sibling received a City of Berlin Schola If yes, please give his/her/their name(s):	urship in the past?				
Have you received the CBS before?	□ Yes				
	□ No				
If yes, please give the time frame:					
Are you currently receiving any other scholar	ships?				
If yes, which ones and for what amount?	□ No				
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:				
Because CCF is a nonprofit organization	n and we have to handle money responsibly, we ask			
you to provide options to transfer the Ci	ty of Berlin Scholarship <u>directly</u> to your			
college/university.				
Information about the school's bank Please confirm this information with	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:				
Email.				
Name and address of the school's ban	k:			
Bank account number to which payme	nt 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	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 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.