



City of Berlin Scholarship

of the Checkpoint Charlie Foundation,
Berlin, Germany

Application Form

Please print or type.

Last Name, First Name Middle Initial	Social Security No.
Name of parent affected by Sept. 11 attacks	Unit/Ladder/Flight no. etc.

Requested dates of scholarship

One academic year (2 semesters) beginning with: fall semester 20__ (fill in the year)
 spring semester 20__ (fill in the year)

My degree program began/will begin on: _____ **and last until:** _____
(mm/dd/yyyy) (mm/yyyy)

Applicant's permanent address:

Telephone: _____
 Email (VERY IMPORTANT): _____

Applicant's current address (if different from permanent address):

Telephone: _____
 Email (VERY IMPORTANT): _____

Name and address of the applicant's university or college:

Telephone: _____
 Fax: _____
 Email: _____

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

Telephone / : Fax: _____ -/ _____
 Email _____

How did you hear about this scholarship? Friends of Firefighters FDNY if others, please explain _____

How many siblings do you have? _____ Age(s): _____

Has a sibling received a City of Berlin Scholarship in the past? Yes / no _____
His / her name? _____

Are you currently receiving any other scholarships? Yes No

If so, which ones and for what amount(s)? _____

What was your parents' combined annual income last year? _\$ _____

Academic status at the beginning of the scholarship: (please check)

<input type="checkbox"/> 1 st semester Freshman <input type="checkbox"/> 2 nd semester Freshman	<input type="checkbox"/> 1 st semester Sophomore <input type="checkbox"/> 2 nd semester Sophomore	<input type="checkbox"/> Master's, graduate student: Currently in semester__ of a __ semester program
<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	

In addition, the following must be included with the application, on separate sheets:

- 2 letters of recommendation (including at least one recent teacher / professor / counselor)
- A 1000 word essay about Germany and the German-American relationship
- a 1000 word personal statement on how you would benefit from this scholarship, including a brief description of your parent's involvement with 9/11.
- proof of a familial connection (your birth certificate and the official death certificate of the parent who died in connection with September 11th terrorist attacks or other documentation of your parent's illness or incapacity)
- a photocopy of the notification from the City of New York Board of Trustees of the Fire Department Pension Fund, Subchapter II Medical Board, confirming an award of accident disability retirement and / or pension due to your parent's involvement in the World Trade Center catastrophe on or following September 11, 2001.
- a presentable photo of yourself that clearly shows your face
- an official cost summary from your university or college for the first semester for which funding is requested; a summary for the second semester must be provided to the Checkpoint Charlie Foundation as soon as it is available
- an existing financial aid summary (FSEOG, Federal Pell Grants, etc.) if applicable

If you are an upcoming college freshman, please include:

- a letter of acceptance from your future college/university
- an official copy of high school diploma

If you are currently a college/university student, please include:

- an official copy of current transcript (**GPA of 3.0 or higher on a 4.0 scale**)

Applications will be accepted throughout the entire year, but must be **sent in three months before the beginning of the first semester** for which funding is requested to allow the selection panel time to meet and make a decision. **Only complete applications will be considered.** All application materials should be sent to the following address:

Nancy Carbone
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

I hereby affirm the accuracy of the information provided in this application and have read and understood the terms and conditions of this scholarship.

Signature _____ Date _____

PERMISSION

In the event that I am selected as a scholarship recipient, I grant the Checkpoint Charlie Foundation permission to publish my name as a recipient of the City of Berlin Scholarship, including on commemorative objects or documents which will be available to the general public, and to include a brief biography and photograph of me in print and online publications about the City of Berlin scholarship.

GENEHMIGUNG

Falls ich als Empfänger des City of Berlin Scholarships ausgewählt werde, erlaube ich hiermit der Checkpoint Charlie Stiftung, meinen Namen als Empfänger der City of Berlin Scholarship zu veröffentlichen, einschließlich der Anbringung oder Erwähnung meines Namens auf öffentlich zugängliche Objekte oder Dokumente, sowie eine kurze Biografie und Foto von mir in gedruckten und online-Publikationen über das Scholarship zu veröffentlichen.

City, Date

Signature

Full name (please print)