



KNEAD FOR KNOWLEDGE
Scholarship Program benefitting
Children's Cancer Center

**Children's Cancer Center in Partnership with Panera Bread
and the KNEAD for Knowledge Scholarship Program 2016
APPLICATION FOR FIRST TIME APPLICANTS**

GENERAL INFORMATION:

The Children's Cancer Center, with the support of the Panera Bread, sponsors advanced education scholarships for Florida students that have had a diagnosis of cancer or chronic blood disease in the Tampa Bay area before the age of 21. Scholarships are for undergraduate degrees from an accredited university, college, community college, vocational technical school or other approved program.

All scholarships are awarded annually.

In order to renew, applicant must reapply and are not guaranteed renewal. Scholarships may be awarded up to 4 consecutive years.

All applications must be postmarked no later than April 4th. Recipients will be chosen by a Children's Cancer Center Scholarship Committee and announced no later than June 6th. Applicants may be contacted for additional information and/or personal interviews.

SCHOLARSHIP CRITERIA

In order to be eligible for an advanced education scholarship, an applicant must be:

- ⌘ Diagnosed with cancer or a chronic blood disorder before the age of 21.
- ⌘ Treated medically for their condition in the Tampa Bay area (All Children's Hospital- St. Pete, Outpatient Clinic-Tampa; St. Joseph's Children's Hospital; Tampa General Hospital; Moffit Cancer Center).
- ⌘ A current legal resident of the State of Florida.
- ⌘ Accepted by an accredited university, college, community college or vocational/ technical school. ***A copy of your letter of acceptance must be included with your application.***
- ⌘ Complete the application and provide all requested attachments.
- ⌘ Must have a 2.0 GPA and maintain it in order to renew their scholarship.
- ⌘ Complete 20 hours of community service per year either at the Children's Cancer Center or other non-profit organization.
- ⌘ Be a positive representative of the Children's Cancer Center.

Please note that all scholarship disbursements will be sent directly to the school where the scholarship recipient will be/is attending. Checks will not be made payable directly to any student. **It is the student's responsibility to provide the correct mailing address, including specific office/department on their application.**



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**Children's Cancer Center Scholarship Program 2016-2017
 APPLICATION FOR FIRST TIME APPLICANTS**

Name:		Date of Birth: ___ / ___ / ___	
Parent(s) Names:			
Street Address:			
City:	State	Zip Code:	
Email address:			
Home Phone :		Work Phone:	
Cell Phone:		Other Phone:	
HIGH SCHOOL INFORMATION			
Name of High School:			
Street Address:			
City:	State:	Zip Code:	
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		GPA:	
Date of Graduation/GED:			
Clubs/Organizations involvement:			
Awards received:			

COLLEGE INFORMATION

College Planning to attend:

** Please specify school address where scholarship checks to be sent**

Department:

Office:

Street Address:

City:

State

Zip Code:

Contact Name:

School Phone:

Student ID #:

List your academic major(s):

Projected graduation date:

Please list your projected expenses for next year:

Tuition: \$ _____

Room/Board: \$ _____

Books: \$ _____

Lab Fees: \$ _____

Other: \$ _____

COMMUNITY SERVICE

Agency where you completed service hours:

Supervisor Name:

Contact Number:

Hours Completed in the last year:

Examples of activities you assisted with:

DIAGNOSIS Cancer Patient currently on treatment Cancer Survivor Chronic Blood Disorder (Sickle Cell, Hemophilia, etc.)

Year Diagnosed:

Diagnosis:

Current Pediatric Hematologist/Oncologist and Clinic/Hospital:

OR

Past Pediatric Hematologist/Oncologist and Clinic/Hospital:

OTHER FINANCIAL AID

Have you applied for any other scholarships? Yes No

Have you received any other scholarships? Yes No

OTHER FINANCIAL AID (Cont.)

If Yes, please list the scholarships and amount granted:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Will receiving this CCC scholarship affect your awarded amount from any other scholarships or grants you are receiving? Yes No

Will you be receiving funds from a Florida 529 savings plan or Florida Prepaid Plan? (Circle which one you will receive) Yes No

Have you applied for a Florida Bright Futures scholarship? Yes No

Did you receive it? Yes No

- If yes, please check level. Florida Academic Scholars (FAS)
 Florida Medallion Scholars (FMS)
 Gold Seal Vocational Scholars (GSV)

ESSAY TOPIC QUESTIONS ~ 500 WORDS OR LESS

Submit a typed response to one of the following topic prompts: (Include word count in heading)

1. How has your diagnosis impacted your plans for the future?
2. How has the Children’s Cancer Center been a part of your life?
3. Who has touched your life most throughout your journey?
4. How will this scholarship help you meet your educational and career goals?

I verify that the above information and all enclosures included with this application are accurate.

Signature: _____ Date: _____

Please make sure your form is complete and send to:

Children's Cancer Center
Attention: Scholarship Committee
4901 W. Cypress Street
Tampa, FL 33607

With any questions, please call Kelly Carpenter at (813) 367-5437 x 8 or
email: Kcarpenter@childrenscancercenter.org

FINAL CHECKLIST FOR MAILING:

- A copy of final high school transcripts or GED.
- A copy of your letter of acceptance.
- A letter from agency where service hours were completed.
- A letter of recommendation.
- Attach essay sheet.
- Please attach brief explanation of household income and include any outstanding medical bills. (For parents)

