



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 REAPPLYING**

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 disorder 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. . Please note that scholarship renewal is not guaranteed. All applications will be subject to review. 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.
- ⌘ Attending an accredited university, college, community college or vocational/technical school.
- ⌘ 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 REAPPLYING

Name:		Date of Birth: ___ / ___ / ___	
Parent(s) Names:			
Street Address:			
City:	State	Zip Code:	
Email address:			
Home Phone :		Work Phone:	
Cell Phone:		Other Phone:	
COLLEGE INFORMATION			
College Attending:			
** 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):			

Current GPA:	Projected Graduation Date:
Clubs/Organization Involvement:	
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	
<input type="checkbox"/> Cancer Patient currently on treatment <input type="checkbox"/> Cancer Survivor <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received any other scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> 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 essay to the following prompt: (Include word count in heading)

1. There are many moments throughout your life that will be impactful. Some of those moments happen while attending college and help guide you on a path you weren't projecting. What moment, over the last year or so, has guided you on the path you are currently embarking upon?

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 current college transcripts
- A letter from agency where service hours were completed.
- Attach essay sheet.
- Please attach brief explanation of household income and include any outstanding medical bills. (For parents)