



CHILDREN'S CANCER
CENTER & PANERA BREAD
KNEAD FOR KNOWLEDGE
BEREAVED SIBLING
SCHOLARSHIP
APPLICATION
2017-2018

Name: _____



KNEAD FOR KNOWLEDGE

Scholarship Program benefitting
Children's Cancer Center

Bereaved Sibling Scholarship Application

Children's Cancer Center in Partnership with Panera Bread
and the KNEAD for Knowledge Scholarship Program for the
2017-2018 school year

GENERAL INFORMATION:

The Children's Cancer Center, with the support of Panera Bread, sponsors advanced education scholarships for Florida students that have lost a sibling due to a diagnosis of Cancer or a Chronic Blood Disorder. Scholarships are for undergraduate degrees from a public 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 must be postmarked no later than April 3rd. Recipients will be chosen by a Children's Cancer Center Scholarship Committee and announced no later than June 8th. 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:

- ⌘ Loss of sibling due to a diagnosis of Pediatric Cancer or a Chronic Blood Disorder and treated in the Tampa Bay Area.
- ⌘ A current legal resident of the State of Florida.
- ⌘ Accepted by an accredited university, college, community college or vocational/technical school. **Please attach acceptance letter to this application.**
- ⌘ Complete the **entire** 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.**



KNEAD FOR KNOWLEDGE

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Children's Cancer Center Scholarship Program 2017-2018

APPLICATION FOR BEREAVED SIBLINGS

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 #:	
Current GPA:		Projected Graduation Date:	

List your academic major(s):

Please list your projected expenses for next year:

Tuition: \$ _____
Books: \$ _____
Other: \$ _____

Room/Board: \$ _____
Lab Fees: \$ _____

COMMUNITY SERVICE

Agency where you completed service hours:

Supervisor Name:

Contact Number:

Hours Completed in a year:

Examples of activities you assisted with:

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

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) - \$103 per credit hour
 Florida Medallion Scholars (FMS) - \$77 per credit hour
 Gold Seal Vocational Scholars (GSV) - \$77 per credit hour

ESSAY TOPIC QUESTIONS ~ Must be at least 250 words

Submit a typed response to one of the following writing prompts:

*** Must provide a cover sheet which includes: Full Name, Topic Question and Word Count**

1. Write about a moment that has impacted your life plans, goals, or thoughts for the future in the last year.
2. What is one lesson you have learned in the past year? Has that lesson challenged you to change or remain the same?
3. Compared with your career goals last year, how have those goals changed or remained the same?

Essay will be scored on the following (1-5 scale) :

- Quality of Content:
 1. Random information, unclear support (score would be a 1)
 2. Clear topic, well focused, very detailed (score would be a 5)
- Structure/Grammar:
 1. No structure or introduction, multiple spelling errors (score would be a 1)
 2. Well-structured essay with no grammatical errors (score would be a 5)

Household information:

Parent annual income: \$ _____

Outstanding medical bills: \$ _____

Number of children enrolled in college during the 2017-2018 school year: _____

Please feel free to attach a brief explanation to any of the above financial documents.

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 Kelly Carpenter at (813) 367-5437 x 8 or
email: Kcarpenter@childrenscancercenter.org

FINAL CHECKLIST FOR MAILING:

- A copy of High School or College transcript
- A letter from agency where service hours were completed.
- A letter of recommendation.
- Attach college acceptance letter
- Attach essay sheet with full name and word count on cover sheet.

