



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

Name: _____



KNEAD FOR KNOWLEDGE
Scholarship Program benefitting
Children's Cancer Center

2017-2018 APPLICATION FOR FIRST TIME APPLICANTS

Children's Cancer Center in Partnership with Panera Bread
and the KNEAD for Knowledge Scholarship Program

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 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:

- ⌘ 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 ***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.**



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**Children's Cancer Center Scholarship Program 2017-2018
 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

Please check one of the following below:

Cancer Patient currently on treatment

Year Diagnosed:

Diagnosis:

Cancer Survivor

Year Diagnosed:

Diagnosis:

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) -\$ 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 topic prompts:

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

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?

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)

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

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.

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 with coversheet.