



2017-2018

CHILDREN'S CANCER CENTER & PANERA BREAD SCHOLARSHIP PROGRAM APPLICATION FOR REAPPLYING

Name:





KNEAD FOR KNOWLEDGE

Scholarship Program benefitting Children's Cancer Center

APPLICATION FOR REAPPLYING

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

GENERAL INFORMATION:

The Children's Cancer Center, with the support of 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 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:

- X Diagnosed with cancer or a chronic blood disorder before the age of 21.
- X 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.
- X Complete the entire application and provide all requested attachments.
- **X** Must have a 2.0 GPA and maintain it in order to renew their scholarship.
- **X** 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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Scholarship Program benefitting Children's Cancer Center

Children's Cancer Center Scholarship Program 2017-2018

APPLICATION FOR REAPPLYING

Name:		Date of Birth: / /			
Parent(s) Names:					
Street Address:					
City:	State			Zip Code:	
Email address:					
Home Phone :	Work Pho		ne:	ne:	
Cell Phone:	Other Pho		one:		
	COLLEGE IN	FORMAT	ION		
College Attending:					
** Please specify so	hool address wh	ere schola	arshi	p checks to be sent**	
Department:		Office:			
Street Address:	·				
City:	State			Zip Code:	
Contact Name:					
School Phone:	Student II		D #:		
List your academic major(s):					

Current GPA:	Projected Graduation Date:	
Clubs/Organization Involvement:		
Please list your projected expenses for next ye	ear:	
Tuition: \$ Books: \$ Other: \$	Room/Board: \$ Lab Fees: \$	
•	ITY SERVICE	
Agency where you completed service hours:	ITT SERVICE	
Supervisor Name:		
Contact Number:	Hours Completed in the last year:	
Examples of activities you assisted with:		
DIA	GNOSIS	
☐ Cancer Patient currently on treatm		
Year Diagnosed: Diagnos		
☐ Cancer Survivor		
Year Diagnosed: Diagnosis	s:	
☐ Chronic Blood Disorder (Sickle Cell		
Year Diagnosed: Diagnos		
Current Pediatric Hematologist/Oncologist and	Clinic/Hospital: OR	
Past Pediatric Hematologist/Oncologist and Cli		
OTHER FI	NANCIAL AID	
Have you applied for any other scholarships?		
Have you received any other scholarships?	☐ Yes ☐ No	
OTHER FINAN	ICIAL AID (Cont.)	
If Yes, please list the scholarships and amount	granted:	
	\$	
	 \$	
	\$ \$ \$	
	\$	
	awarded amount from any other scholarships or	
grants you are receiving? Yes \square N	lo	

Will you be receiving funds from a Florida 529 savings plan or Florida Prepaid Plan? (Circle which one you will receive) Yes \square No \square
Have you applied for a Florida Bright Futures scholarship? Yes ☐ No ☐
Did you receive it? Yes \square No \square If yes, please check level. \square 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 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?
Essay will be scored on the following (1-5 scale):
Quality of Content: 1 Dandom information unclear support (assets would be a 1)
 Random information, unclear support (score would be a 1) 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: \$
Outstanding medical bills: \$ Number of children enrolled in college during the 2017-2018 school year:
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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.
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