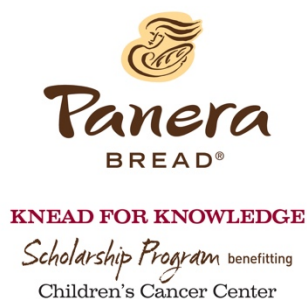




CHILDREN'S CANCER CENTER & PANERA BREAD KNEAD FOR KNOWLEDGE SCHOLARSHIP APPLICATION 2020-2021

Name: _____



2020-2021 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 is not guaranteed renewal. Scholarships may be awarded up to 4 consecutive years.

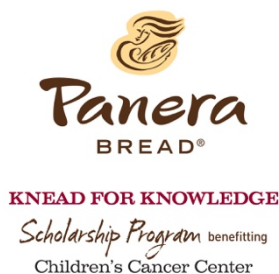
All applications must be submitted no later than March 6th. Recipients will be chosen by a Children's Cancer Center Scholarship Committee and announced no later than April 10th. Applicants may be contacted for additional information and/or personal interviews.

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).
- ⌘ Be a high school graduate, current college student or a graduating high school senior
- ⌘ 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.**



Children's Cancer Center Scholarship Program 2020-2021 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		Unweighted 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: \$ _____

Books: \$ _____

Other: \$ _____

Room/Board: \$ _____

Lab Fees: \$ _____

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 and fill out the requested information:

☐ **Cancer Patient currently on treatment**

Year Diagnosed:

Diagnosis:

☐ **Cancer Survivor**

Last day of treatment:

Year Diagnosed:

Diagnosis:

☐ **Chronic Blood Disorder** (Sickle Cell, Hemophilia, etc.)

Year Diagnosed:

Diagnosis:

Current/Past Pediatric Hematologist/Oncologist and Clinic/Hospital:

Are there any medical/physical/cognitive limitations? Please explain:

ESSAY TOPIC QUESTIONS ~ Must be at least 250 words/ No more than 500 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. Why do you want to go to college?
2. Who in your life has been your biggest influence and why?
3. How will the Panera Bread Knead for Knowledge 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. Topic is informative, some transitions used, portions of story need more support (score would be a 3)
 3. 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. Some structure with some errors (score would be a 3)
 3. 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: _____

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.
- ☐ Completed financial sheet
- ☐ Attach essay sheet with coversheet.
- ☐ Email a photo of yourself to kcarpenter@childrenscancercenter.org
- ☐ Email a copy, in Microsoft word format, of your essay to kcarpenter@childrenscancercenter.org (no Drop Box or PDF format accepted)

ALL of the requested paperwork must be submitted in order to be a considered for a Panera Bread Knead for Knowledge Scholarship

If you are chosen, by our committee, as a 2020-2021 scholarship recipient, you will be notified on April 10th and invited to the Panera Bread Knead for Knowledge Scholarship Dinner on Thursday, May 14th

Household Financial Information: To be completed by Parent/s.

- Please complete the information below and submit with your completed application
 - You may write n/a in any category that does not pertain to you

Assets

Taxable Assets

Description	Current Value
Savings	
CDs	
Bonds	
Mutual Funds	
Stocks	

Tax-Deferred Assets

Description	Current Value
401ks	
Annuities	
IRAs	
529 Plan	

Personal/Business Assets

Description	Current Value
Residence	
Autos	
Personal Property	
Business Interest	

Liabilities and Income

Liabilities

What is the current outstanding balance of.....	Amount Owed	Payment	Interest Rate	Time Remaining
Home Mortgage				
Equity Loans				
Personal/Student Loans				
Auto Loans				
Credit Cards				

Income		
Spouse #1	Last Year	This Year
Salary		
Bonus		
Other Income		

Spouse #2	Last Year	This Year
Salary		
Bonus		
Other Income		

Miscellaneous Items

Have you Completed the FAFSA	Yes	No
Are you Eligible for a Pell Grant? If so, how much?	Yes	No
Will you be receiving funds from a Florida Prepaid Plan?	Yes	No

Total number of people in your household	
Total number of Dependents under 21	

Have you applied for any scholarships	Yes	No
Have you received any other scholarships	Yes	No
If yes, please list scholarships and amounts granted		
	\$	
	\$	
	\$	

Did you apply for a FL. Bright Future Scholarship	Yes	No
Did you Receive it?	Yes	No
If yes, please check level.		
Florida Academic Scholars		\$103 per credit hour
Florida Medallion Scholars		\$77 per credit hour
Gold Seal Vocational Scholars		\$77 per credit hour

Please make sure your application 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 3 or
email: kcarpenter@childrenscancercenter.org