



CHILDREN'S CANCER  
CENTER & PANERA BREAD  
KNEAD FOR KNOWLEDGE  
SCHOLARSHIP APPLICATION  
\*FIRST-TIME APPLICANT  
2024-2025

Applicant Name: \_\_\_\_\_



**2024-2025 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 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 an application, applicants must reapply and are not guaranteed renewal. Scholarships may be awarded up to 4 consecutive years.

All applications must be submitted no later than **March 1st**. Recipients will be chosen by the Children's Cancer Center Scholarship Committee and announced by mid April. 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; Moffitt Cancer Center) or resides in the Greater Tampa Bay area.
- 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.
- Were you able to complete 20 hours of community service 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.**



**2024-2025 Children's Cancer Center Scholarship Program 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:
<b>HIGH SCHOOL INFORMATION</b>		
Name of High School:		
Street Address:		
City:	State:	Zip Code:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		<b>Unweighted GPA:</b>
Date of Graduation/GED:		
Clubs/Organizations involvement:		Awards received:
<b>COLLEGE INFORMATION</b>		
College Planning to attend:		
<b>** Please specify school address where scholarship checks need to be sent**</b>		
Department:		Office:
Street Address:		
City:	State	Zip Code:
Contact Name:		
School Phone:		<b>Student ID #:</b>
List your academic major(s):		Projected graduation date:
Please list your projected expenses for next year:		
Tuition: \$ _____		Room/Board: \$ _____
Books: \$ _____		Lab Fees: \$ _____
Other: \$ _____		
<b>COMMUNITY SERVICE</b>		

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 ALL requested information:

- Cancer Patient currently on treatment**  
Diagnosis:  
Year Diagnosed:
- Cancer Survivor**  
Diagnosis:  
Year Diagnosed:  
Last day of treatment:
- Chronic Blood Disorder** (Sickle Cell, Hemophilia, etc.)  
Diagnosis:  
Year Diagnosed:

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**

In a separate attachment, submit a typed response to **one** of the following topic prompts below:  
**\*Must provide a cover sheet which includes: Full Name, Topic Question and Word Count**

1. Why have you chosen this particular college or university and how will this scholarship support your academic goals there?
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: \_\_\_\_\_

If you are chosen as a 2024-2025 scholarship recipient, you will be notified in early April and invited to the Panera Bread Knead for Knowledge Scholarship Dinner on May 15th.



**2024-2025 APPLICATION FOR FIRST TIME APPLICANTS**

**Financial Information**

• 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

Applicant Name: \_\_\_\_\_  
 Number of parents completing form below: \_\_\_\_  
 Number of dependents in household: \_\_\_\_\_

**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	

## Liabilities and Income

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

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

Parent #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	
Number of Dependents enrolled in college	

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
<b>If yes, please check level.</b>		
Florida Academic Scholars		\$103 per credit hour
Florida Medallion Scholars		\$77 per credit hour
Gold Seal Vocational Scholars		\$77 per credit hour

### FINAL CHECKLIST before submitting application:

**In ONE email, please include the following documents to [kcarpenter@childrenscancercenter.org](mailto:kcarpenter@childrenscancercenter.org) :**

- One copy of unofficial High School transcript
- A letter from the agency where service hours were completed.
- One letter of recommendation.
- College acceptance letter (*only needed if switching colleges*)
- Completed financial sheet
- Microsoft Word essay, with cover sheet that includes full name and word count. (NO Drop Box or PDF format will be accepted)
- One high quality jpg photo of yourself

**ALL of the requested paperwork must be submitted in order to be a considered for a 2024-2025 Panera Bread Knead for Knowledge Scholarship**

If you have any questions, please contact Kelly Carpenter at (813) 367-5437 x 3 or email: [kcarpenter@childrenscancercenter.org](mailto:kcarpenter@childrenscancercenter.org)