



KNEAD FOR KNOWLEDGE
Scholarship Program benefiting
Children's Cancer Center

CHILDREN'S CANCER
CENTER & PANERA BREAD
KNEAD FOR KNOWLEDGE
BEREAVED SIBLING
SCHOLARSHIP APPLICATION
2024-2025

Applicant Name: _____



2024-2025 Bereaved Sibling Scholarship Application

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 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, applicants must reapply. Please note that scholarship renewal is not guaranteed.

All applications must be submitted no later than **March 1st**. Recipients will be chosen by a Children's Cancer Center Scholarship Committee and announced in 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:

- Loss of sibling due to a diagnosis of Pediatric Cancer or a Chronic Blood Disorder and treated 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.
- 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*** on-line PDF filler 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, all awarded 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 2024-2025 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 Unweighted GPA:		Projected Graduation Date:	
List your academic major(s):			
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 a year:
Examples of activities you assisted with:	
ESSAY TOPIC QUESTIONS ~ Must be at least 250 words/No more than 500 words	
Submit a typed response (using Microsoft Word) to one of the following writing prompts: * Must provide a cover sheet which includes: Full Name, Topic Question and Word Count	
<ol style="list-style-type: none"> Describe your career aspirations and how you plan to achieve them. Who in your life has been your biggest influence and why? 	
Essay will be scored on the following (1-5 scale):	
<ul style="list-style-type: none"> Quality of Content: <ol style="list-style-type: none"> Random information, unclear support (score would be a 1) Clear topic, well focused, very detailed (score would be a 5) Structure/Grammar: <ol style="list-style-type: none"> No structure or introduction, multiple spelling errors (score would be a 1) 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 Bereaved Sibling Scholarship Application
Financial Information
<ul style="list-style-type: none"> 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 or your family

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	
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		
Parent #1	Last Year	This Year
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
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

Before submitting, please make sure all sections on the financial form are complete.

FINAL CHECKLIST before submitting

In **ONE** email, please include the following documents to 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