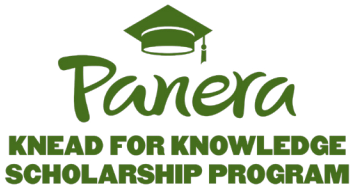


CHILDREN'S CANCER CENTER & PANERA BREAD KNEAD FOR KNOWLEDGE SCHOLARSHIP APPLICATION

*BEREAVED SIBLING 2026-2027

Applicant Name: _____





2026-2027 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.

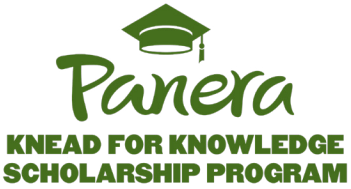
SCHOLARSHIP CRITERIA

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.
- 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 an unweighted 2.0 GPA and maintain it in order to renew their scholarship.
- Completed at least 20 hours of community service either at the Children's Cancer Center or other non-profit organization. *If you were unable to complete the required # of service hours b/c of medical issues, please attach a written explanation.*
- 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 2026-2027
APPLICATION FOR BEREAVED SIBLINGS

Applicant Name:			
Email address:			
Cell Phone :		Work Phone:	
Parent(s) Names:			
Street Address:			
City:	State		Zip Code:
Cell Phone :		Work Phone:	

HIGH SCHOOL INFORMATION
(Only complete this section if student is currently in high school)

Name of High School:			
Street Address:			
City:	State:		Zip Code:
Graduate: ☐ Yes ☐ No ☐ GED Date of Graduation/GED:		Unweighted GPA:	
Clubs/Organizations involvement:		Awards received:	

COLLEGE INFORMATION

College Planning to attend or College currently attending:			
** Please specify school address where scholarship checks need to be sent**			
Department:		Office:	
Street Address:			
City:	State		Zip Code:
Unweighted GPA:	*What year in college will you be entering?* Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐		Student Number:

COMMUNITY SERVICE

Agency where you completed service hours:	
Supervisor Name:	
Contact Number:	Hours Completed in a year:
Examples of activities you assisted with:	

TUITION EXPENSES

Please list your projected expenses for the 2026-2027 school year

Tuition: $_____
Books: $_____
Room & Board: $ _____
Meal Plan: $_____

Lab Fees: $_____
Parking Pass: $_____

Total expenses: $_____

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***

1. Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.
2. Reflect on something that someone has done for you that has made you happy or thankful in a surprising way. How has this gratitude affected or motivated you?

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: _____

If you are chosen as a 2025-2026 scholarship recipient, you will be notified in mid- April and invited to the Panera Bread Knead for Knowledge Scholarship Dinner on May 19th, 2026.

CHILDREN'S CANCER CENTER
helping children & families cope

Panera
KNEAD FOR KNOWLEDGE SCHOLARSHIP PROGRAM

2026-2027 Bereaved Sibling Scholarship Application

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 or your family**

Applicant Name: _____

Number of parents completing form below: ____

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 during the 2026-2027 school year		
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

FINAL CHECKLIST before submitting

In **ONE** email, please include the following documents to kcarpenter@childrenscancercenter.org :

- ☐ Completed application *(DO NOT leave anything blank/make sure ALL information is filled out)*
- ☐ One copy of unofficial high school transcript or unofficial college transcript
- ☐ College acceptance letter (*only need if you're a new applicant or if you're switching colleges*)
- ☐ Completed financial sheet
- ☐ Email your essay, Microsoft Word only, along with a 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, by ***March 1st, 2026***, in order to be a considered for a 2026-2027 Panera Bread Knead for Knowledge Scholarship

If you are chosen as a 2026-2027 scholarship recipient, you will be notified in mid- April and invited to the Panera Bread Knead for Knowledge Scholarship Dinner on May 19th 2026.

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