CHILDREN'S CANCER CENTER
helping children & families cope

Panera
KNEAD FOR KNOWLEDGE SCHOLARSHIP PROGRAM

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

*FIRST-TIME APPLICANT 2026-2027

Applicant Name: _____

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2026-2027 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 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 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

2026-2027 Children's Cancer Center Scholarship Program
APPLICATION FOR FIRST TIME APPLICANTS

Applicant Name:		Date of Birth: __/___/___	
Email address:			
Cell Phone :		Work Phone:	
Parent(s) Names:			
Street Address:			
City:		State	Zip Code:
Cell Phone :		Work Phone:	

HIGH SCHOOL INFORMATION

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:
Contact Name:		Phone #:	
Unweighted GPA:		Student ID #:	
List your academic major(s):		Projected graduation date:	

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 **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:

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: $

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*

- Why have you chosen this particular college or university and how will this scholarship support your academic goals there?
- Who in your life has been your biggest influence and why?
- 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 2026-2027 scholarship recipient winner, you will be notified in mid-April and invited to the Panera Bread Knead for Knowledge Scholarship Dinner on May 19th, 2026.





2026-2027 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: ____

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

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	

FINAL CHECKLIST before submitting application:

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 (unless you are a current full-time student at that college)
- ☐ 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 winner, 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