



**POLISH LEGION AMERICAN VETERANS
DEPARTMENT OF MICHIGAN AUXILIARY**



2026 JIM WROBEL MEMORIAL SCHOLARSHIP

SCHOLARSHIP APPLICATION

PART I

COUNSELOR/ADVISOR/TEACHER

Report on Applicant for Student Scholarship

To Student: Give Part I of the application to your Counselor/Advisor or Teacher to complete. When your application is completed, mail Part I, Part II, and your school transcript to the person identified on the application.

To Counselor/Advisor or Teacher: Please complete Part I of this application for scholarship and return it to the student for mailing by the deadline. Thank you for your cooperation.

DEADLINE: April 30, 2026

**STUDENT
NAME** _____

1. Has the student maintained a definite and sincere interest in his/her studies?

2. Was the student a leader in any special activity in school or community? If yes, please name the activity.

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Counselor/Advisor/Teacher

Report on Applicant for Student Scholarship

3. Please indicate your rating of the student by marking the appropriate boxes below:

RATING	SCHOLARSHIP	LEADERSHIP	SCHOOL	CITIZENSHIP	CHARACTER
Excellent					
Good					
Fair					
Poor					

4. Remarks (Comments or helpful information regarding the applicant).

Signed _____

Title _____

School _____

Date _____

Student Scholarship Application
2026 JIM WROBEL MEMORIAL SCHOLARSHIP
PART II
(To be completed by STUDENT)

IMPORTANT: Deadline for submitting application is APRIL 30, 2026

Please Print or Type

Date_____

1. Name_____

2. Date of Birth_____

3. Social Security Number_____

4. Home Address_____
City _____ State _____ ZIP Code _____

Phone() _____ Email: _____

5. Name of Current PLAV Veteran or Auxiliary Member

Relationship _____ Post/Chapter _____

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PART II

7. Name of school you are presently attending.

8. Name and address of college you were accepted to or are attending:

9. Please list your expected School/College expenses for 2026. Answers needed for all areas.

Tuition _____ Room and Board _____ Books _____

Miscellaneous (including Travel) _____

10. How do you plan to meet these expenses? (Estimate expenses. Should equal 100%)

Family _____ Savings _____ Scholarship _____ Student _____

Loans _____

Anticipated earnings \$ _____ Other Income \$ _____

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PART II

11. What special recognition, if any, have you received for excellence in your school, work (such as prizes, honors, scholarships, etc.)?

Also, list any offices or positions held, or special recognitions received in school or in the community.

12. List any out-of-school activities such as volunteering, youth groups, hobbies, church, community, and Civic Organizations you are involved with.

13. Do you actively participate in PLAV/PLAVA functions?

_____Yes _____No

If you answered yes, you *must* submit a letter of recommendation from the Post Commander or Chapter President along with this application.

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PART II

14. Are you employed? _____ Yes _____ No

If yes, place of employment _____

15. Please give your reason for wanting to continue your education and state your specific goals in NO LESSTHAN 150 WORDS. Please type or print and attach it to this application.

NOTE: An Official School Transcript of Grades MUST accompany this application. Transcript must have student's name imprinted on it. (This may be obtained from your School Internet Site – Student Name MUST be imprinted on the Transcript submitted.)

Return completed Applications to:

Joanne Myers
Scholarship Chairman
39205 E. Royal Doulton Blvd.
Clinton Township, MI 48038

(313)468-3180 e-mail jmyers509@yahoo.com

APPLICANT SIGNATURE

PARENT/GUARDIAN SIGNATURE

(Required under age 18)

Final decisions as to the recipients of these awards will be made at the discretion of the judges.