

**POLISH LEGION OF AMERICAN VETERANS, U.S.A.
NATIONAL DEPARTMENT**

RULES for STUDENT SCHOLARSHIP APPLICATION, 2022

1. Several grants will be awarded by the Polish Legion of American Veterans, U.S.A. and the Auxiliary. The amount will be determined by the number of applicants and amount available.
2. To be eligible for the Scholarship grant, the student must be:
 - a) A high school senior, college student or trade school student
 - b) Under 25 years of age
3. The Scholarship Grant to be awarded will be based on the following:
 - a) Scholastic achievement
 - b) Individual contributions to school and community
 - c) Character
 - d) Essay
4. Applicant must be a son, daughter, grandson, granddaughter, niece, nephew or stepchild of a current active member of the Polish Legion of American Veterans, U.S.A. or Auxiliary.
5. Applications **must be completed entirely and accompanied by a school transcript.** An incomplete application will be disqualified.
6. The completed application must be returned to John Cennamo for verification of eligibility and completeness.
7. Please ensure that the telephone number on the front of the application is correct. A confirmation letter will be sent to the address on the front of the application.

IMPORTANT!!! Deadline for Return of Application is June 1, 2021.

Send (4) copies of the completed application form and required documents to:

**John Cennamo, Scholarship Chairman
8320 98th Street Apt. 6 J
Woodhaven, NY 11421**

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SCHOLARSHIP APPLICATION FOR SCHOOL YEAR 20__/20__

A. Personal Information:

| | | | |
|--|--------------------------|-----------------------|----------------------------------|
| Full Legal Name | Last Name (Please print) | First Name | Middle |
| <hr/> | | | |
| Permanent Address | Number and Street | City | State Zip Code |
| <hr/> | | | |
| Phone Number for contact if selected () | E-Mail Address | Date of Birth(m/d/yy) | Gender () Male () Female |
| Name of Parent or Guardian (If under 21 years old) | | Address | Phone Number () |
| <hr/> | | | |
| Have you received a previous scholarship from the PLAV or Ladies Auxiliary? If yes, when? _____ | | () Yes | () No |

B. Education Information:

Name of University, College or Trade School applied to or attending _____

Address _____ Phone Number () _____

Name of contact person at the school to whom scholarship check may be mailed, if eligible:
Name: _____
Address: _____

Planned Major in the Fall Semester. Note: To be eligible for this scholarship, you must be enrolled
As a full time student (15 hours or more) Major: _____
() Freshman () Sophomore () Junior () Senior

How many credits do you intend to take in the fall semester _____

Proposed Graduation Date: (mm/dd/yy) _____

If you are entering college as a Freshman in the fall semester, please complete the following.
Otherwise, please continue on to Section C.

| | | | |
|----------------------|--------------------------------|--------------------------------|-------------------------------|
| Name of High School: | Dates attended from (mm/yy) | Dates attended from (mm/yy) | Graduation Date (mm/dd/yy) |
| <hr/> | | | |

High School Address _____

Contact Person: _____ Phone () _____

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Cumulative High School Grade Point Average: _____ SAT Score _____ ACT Score _____

Attach a copy of ACT/SAT Score Sheet (s) if available.

Attach a copy of High School Transcript (This is required).

C. Returning University/College or Trade School students:

If you are returning to a University/ College or Trade School, please complete the following section.
Otherwise, please continue on to the Extracurricular Activities, Section D

| | | |
|----------------|--|---|
| Name of School | Attended from (mm/dd/yy) To (mm/dd/yy) | Is this the same school you will be attending in the fall? () yes () no |
|----------------|--|---|

If you answered NO, please explain why not. _____ Cumulative grade point average _____

Attach a copy of your transcript. **THIS IS REQUIRED!**

D. Extracurricular Activities in School: Include community service and voluntary service to Veteran Organizations and or Veteran Hospital or Clinic. Additional sheets, in this format, may be used.

| | | | |
|-------------------------|-----------------------|-------------------------|-------------------------------|
| From date (mm/dd/yy) | To date (mm/dd/yy) | Description of Activity | Most Significant Contribution |
|-------------------------|-----------------------|-------------------------|-------------------------------|

E. Work Experience: include past and present employment. may submit additional sheets.

| | | | | | |
|-------------------------|-----------------------|---------------------|-------------------|------------|-------|
| From date (mm/dd/yy) | To date (mm/dd/yy) | Place of Employment | Supervisor's Name | Job Duties | Hours |
|-------------------------|-----------------------|---------------------|-------------------|------------|-------|

F. Honors and Scholarships: May or may not be academic related. May submit additional sheets,

if needed.

| | | | |
|---------|---------|---------------|-------------------------------|
| (mm/yy) | Sponsor | Name of Award | Reason for reception of award |
|---------|---------|---------------|-------------------------------|

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G. Sponsor Information: Applicants must be a son, daughter, grandson, granddaughter, niece, nephew or stepchild of a current active member of the Polish Legion of American Veterans, U.S.A. Applicant must be under 25 years of age

| | | | | |
|--------------------------|---------------|-------|--------|---|
| Member Name: | Last | First | Middle | PLAV Membership # Attach copy of card |
| Permanent Address: _____ | | | | |
| Phone # (_____) | Email Address | | | Relation to Applicant |

H. Educational Goals: Describe your educational goals and aspirations. Do not exceed 300 words. Attach a separate typewritten page. **This is required.**

I. Essay: How will you use your education to benefit society? Do not exceed 300 words. Attach a separate typewritten page. **This is required.**

J. School References: Include a letter of recommendation from your current school. (Teacher or Guidance Counselor). If currently not attending school, provide a letter of recommendation from your current or past workplace or personal reference. **This is required.**

K. Certification - Must be signed by applicant.

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit is complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my application for scholarship.

I authorize my school officials to give information about my academic records to the **Polish Legion of American Veterans, U.S.A. or Auxiliary.** () Yes () No

Signature _____ Date _____

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Scholarship Application Check List

Four copies of the following documents are **required**:

| Please place a check (√) on each document submitted. | Check if included |
|---|-------------------|
| 1. Application | () |
| 2. High School or current school transcript Refer to section B. | () |
| 3. SAT or ACT score sheets <i>if available</i> . Refer to section B. | () |
| 4. University/College or Trade School Transcript Refer to section C. | () |
| 5. Attach a copy of typewritten Educational Goals Refer to section H. | () |
| 6. Attach a copy of your essay paper Refer to section I. | () |
| 7. Attach the letter of recommendation from current school. Refer to section J. | () |
| 8. Official copy of your birth certificate. | () |
| 9. Copy of sponsor's 2021 PLAV, USA membership card. Refer to section G. | () |

All documents must be postmarked by June 1, 2021

Failure to answer all questions on the application and failure to **provide four (4) copies** of all documents requested will disqualify you for a Polish Legion of American Veterans, U.S..A. or Auxiliary Scholarship.

Please return four (4) copies of your application and required documents to:

John Cennamo, Scholarship Chairman
83 20 98th St. Apt 6 J
Woodhaven, NY 11421