

**Edward T. Conroy Memorial Scholarship Application**

*To be considered for the Conroy scholarship, you must [upload your completed application and supporting documentation here](#) no later than July 15<sup>th</sup>. Late applications cannot be considered. For information security purposes, application and materials cannot be accepted by email or post.*

**SECTION A - Applicant Information: (Please Print)**

1. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

2. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Previous name(s) under which records may be kept:

\_\_\_\_\_

4. Permanent mailing address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

5. Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

6. E-mail address: \_\_\_\_\_

7. Are you a Maryland resident? \_\_\_\_ Yes \_\_\_\_ No

8. Have you applied for this scholarship in the past? \_\_\_\_ Yes \_\_\_\_ No

If yes, list previous year(s) applied: \_\_\_\_\_

9. Has someone else in your family received this scholarship? \_\_\_\_ Yes \_\_\_\_ No

If yes, list name(s) of family members who have received (or are currently receiving) this scholarship:

\_\_\_\_\_

**SECTION B - Current College/University Information:**

1. Complete name of the Maryland institution you will attend in the upcoming academic year:

\_\_\_\_\_

2. Degree Level: \_\_\_\_ Undergraduate \_\_\_\_ Graduate

3. Anticipated term and year of graduation: (circle one) Spring Summer Fall Winter Year: \_\_\_\_\_

4. In the Fall semester, I plan to enroll (*select one*):

\_\_\_\_\_ Full Time (12+ credits/semester for undergraduate; 9+ credits/semester for graduate)

\_\_\_\_\_ Part Time (6-11 credits/semester for undergraduate; 6-8 credits/semester for graduate)

How many credits do you plan to take in the Fall semester (*please put a numeric amount*)? \_\_\_\_\_

5. In the Spring semester, I plan to enroll (*select one*):

\_\_\_\_\_ Full Time (12+ credits/semester for undergraduate; 9+ credits/semester for graduate)

\_\_\_\_\_ Part Time (6-11 credits/semester for undergraduate; 6-8 credits/semester for graduate)

How many credits do you plan to take in the Spring semester (*please put a numeric amount*)? \_\_\_\_\_

### **SECTION C - Family Information:**

The following information pertains to the family member who was killed as a result of military service in the United States armed forces; or as a result of service as a State or local public safety employee or volunteer; or who suffered a service connected 100% permanent disability as a result of military service; or, was a victim of the September 11, 2001 terrorist attacks.

1. Social Security Number of person killed or disabled: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Name of person killed or disabled: \_\_\_\_\_

3. Relationship of applicant to person killed or disabled: \_\_\_\_\_

4. Branch of United States Armed Forces or name of public safety facility in which the person was killed or disabled served, if applicable:  
\_\_\_\_\_

5. Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Date of Disability: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Address at date of death/disability:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

7. Are you eligible for the program because you or your parent was a POW/MIA of the Vietnam Conflict?  
\_\_\_\_ Yes \_\_\_\_ No

8. Are you eligible for this scholarship program because you are the son, daughter, or surviving spouse of a victim of the September 11, 2001 terrorist attacks (deceased as a result of the attacks on the World Trade Center, the Pentagon or the crash of United Airlines Flight #93)?  
\_\_\_\_ Yes \_\_\_\_ No

9. Are you currently receiving any other student financial aid funds because you are the child or spouse of a victim of the September 11, 2001 terrorist attack?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please list scholarship name(s) and amount(s):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**SECTION D – (If applicable):**

In the case of 100% disabled or deceased military personnel, and in the case of 25% (or more) disabled military personnel, please address the following questions.

Using a separate sheet of paper, explain the circumstances of the death or disability, the cause, and why it is considered service connected.

**SECTION E - Pledge to Remain Drug Free and Certification:**

As a condition of receiving a Maryland State scholarship or grant, I pledge to remain drug free for the full term of the award. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland college as well as my Maryland financial aid award.

I certify that the information given on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Information Release Authorization:**

Disabled applicant/parent must sign the following authorization statement to authorize release of records:

I, \_\_\_\_\_ do hereby consent to the release of the requested information by the Veterans' Administration or the State or local public safety personnel office to the Office of Student Financial Assistance.

\_\_\_\_\_  
Disabled Person's Signature

\_\_\_\_\_  
Date

**SECTION G - To be completed by the Veterans' Administration or the State or local public safety personnel office.****Option 1:** In the case of 100% disabled military personnel:

\_\_\_\_\_ has a 100%\* disability rating and his/her diagnostic codes are:  
(name of disabled person)

Code(s): \_\_\_\_\_ Percentage(s): \_\_\_\_\_

*\*Veterans must be classified as 100% disabled (i.e., cannot be 90% disabled but 100% unemployable).***Option 2:** In the case of 25% (or more) disabled military personnel:

\_\_\_\_\_ has a 25% (or more) disability rating and his/her diagnostic codes are:  
(name of disabled person)

Code(s): \_\_\_\_\_ Percentage(s): \_\_\_\_\_

\_\_\_\_ This person has exhausted his/her federal veterans' educational benefits.

\_\_\_\_ This person is no longer eligible for federal veterans' educational benefits.

**Option 3:** In the case of deceased or 100% disabled public safety employees or volunteers:

Please briefly explain how the death or disability of \_\_\_\_\_ was classified as a  
result of State or local public safety service: (name of deceased or disabled)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ This office is unable to provide the requested information.

I hereby certify that the information provided on this application is correct and contained in our records.

\_\_\_\_\_  
Name of authorized official (print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
E-mail\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code\_\_\_\_\_  
Date

**SECTION H - Required Documentation**

Application will not be considered without the following materials:

1. Completed application form. Make sure you have completed all necessary sections.
2. Copy of your birth certificate showing names of both parents if you are the son or daughter of a deceased or 100% disabled military person, POW/MIA of the Vietnam Conflict, deceased or 100% disabled public safety employee or volunteer or deceased victim of the September 11, 2001 terrorist attacks. Copies may be obtained from the State Department of Vital Records.
3. Copy of your marriage certificate if you are the spouse of a member of the United States Armed Forces who died as a result of military service or who suffered a service-connected 100% permanent disability as result of military service or spouse of public safety employee or volunteer who has died or received 100% disability from an injury in the line of duty.
4. Copy of death certificate if spouse of deceased public safety employee or volunteer or of deceased victim of the September 11, 2001 terrorist attacks.
5. Verification that you are 25% disabled from a service-connected disability as a result of military service and have exhausted or are no longer eligible for federal veterans' educational benefits (Section G required), if you are a disabled veteran.
6. Verification that 100% disability was from a service-connected disability as a result of military service. (Section C and Section G required). *Note: A copy of the disabled veteran's award letter may be filed instead of Section G.*
7. Verification that death as a result of military service or that death was in the line of duty for a public safety employee or volunteer (Section C and Section G required).
8. Verification that 100% disability was sustained from an injury in the line of duty for a public safety employee or volunteer.

**IMPORTANT NOTES:**

1. **Do not send original certificate(s) as they cannot be returned to you.**
2. **Application form and all documents must be uploaded using the link at the top of the application form or webpage.**
3. Awards are subject to the availability of funds. MHEC sets an annual maximum award amount that a student may receive each aid year.
4. Students applying for the Conroy Scholarship must be meeting UMGC's satisfactory academic progress (SAP).