



OFFICE OF STUDENT FINANCIAL AID

0102 Lee Building
7809 Regents Drive
College Park, MD 20742
TEL: 301.314.9000 & 888.313.2404
FAX: 301.314.9587
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Edward T. Conroy & Jean B. Cryor Memorial Scholarship Program

Purpose: The Edward T. Conroy and Jean B. Cryor Memorial Scholarship Program is designed to provide financial assistance to sons and daughters of deceased, missing in action or prisoner of war United States armed forces personnel, sons and daughters of deceased public safety personnel, surviving spouses (who have not remarried) of deceased public safety personnel, disabled public safety personnel and sons, daughters and/or surviving spouses of victims of the September 11, 2001 terrorist attacks, attending a Maryland postsecondary institution.

To be considered for the Edward T. Conroy Memorial Scholarship at the University of Maryland, College Park students must:

- Submit all application materials by **July 15, 2016**
- Be a Maryland resident (with the exception of children of a State or local public safety employee who died in the line of duty)

Applications may be mailed to:

Office of Student Financial Aid
0102 Lee Building
7809 Regents Drive
University of Maryland
College Park, MD 20742
Attn: Scholarship Selection Committee

Or Faxed to:

301.314.9587
Attn: Scholarship Selection Committee

Renewal Students: Renewal awardees are not required to reapply each year. The Edward T. Conroy Memorial Scholarship may be renewed on an annual basis for up to five years of full- time study or eight years of part-time study (or a combination of both) provided the recipient:

- Is enrolled at least part-time
- Continues to meet all other eligibility requirements



2016-2017 Edward T. Conroy & Jean B. Cryor Memorial Scholarship Application

SECTION A - Applicant Information: (Please Print)

1. Social Security Number: _____ Date of birth: _____
2. Last name: _____ First name: _____ MI: _____
 Previous name under which records may be kept: _____
3. Permanent mailing address: _____
 City: _____ State: _____ Zip code: _____
4. Home phone: _____ Work phone: _____
5. E-mail address: _____
6. Are you a Maryland resident? Yes No
7. Have you applied for this scholarship in the past? Yes No Year applied: _____
8. Has someone else in your family received this scholarship Yes No
9. Name(s) of person(s) in your family who has/have received this scholarship: _____

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

SECTION B - Current College/University Information:

1. Complete name of the Maryland institution you will attend in 2016-2017 academic year: _____
2. Degree sought: Undergraduate Graduate
 Anticipated date of graduation: _____

3. In Fall semester 2016, I will enroll for: (please put a **numeric amount** in the space provided below.

of credits____full-time (12+ credits per semester for undergraduate; 9+credits per semester for graduate student)

of credits____part-time (6-11 credits per semester for undergraduate; 6-8 credits per semester for graduate student)

4. In Spring semester 2017, I will enroll for:

of credits____full-time (12+ credits per semester for undergraduate; 9+credits per semester for graduate student)

of credits____part-time (6-11 credits per semester for undergraduate; 6-8 credits per semester for graduate student)

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. Last name of person killed or disabled:_____ First name:_____ MI:_____
- 3. Relationship of applicant to person killed or disabled:_____
- 4. Branch of United States armed forces or name of public safety facility in which person killed or disabled served, if applicable:_____
- 5. Date of: death or 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 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 percent disabled or deceased **military personnel**, and in the case of 25 percent (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

Section F- Information Release Authorization

Information Release Authorization: Disabled applicant/parent must sign the following authorization statement:

I, _____ do hereby consent to the
Print full name

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.

In the case of 100 percent disabled military personnel:

_____ has a 100 percent* disability rating, and his/her
(name of disabled person)

diagnostic_codes are: Code(s): _____ Percentage(s): ____

**Veterans must be classified as 100% disabled (i.e., cannot be 90% disabled, but 100% unemployable).*

In the case of 25 percent (or more) disabled military personnel:

_____ has a 25 percent (or more) disability rating, and his/her
(name of disabled person)

diagnostic codes are: 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.

In the case of deceased or 100 percent disabled public safety employees or volunteers:

Please briefly explain how the death or disability of _____ was
(name of deceased or disabled)

classified as a result of State or local public safety service:

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.

Print name of authorized official

Signature

Title

E-mail

Address

Phone number

City

State

Zip code

Date

SECTION H - Required Documentation

No application will be considered without the following materials:

- o Completed application for the 2016-2017 academic year. Make sure you have completed all necessary sections.
- o Copy of your birth certificate showing names of both parents if you are the son or daughter of a deceased or 100 percent disabled military person, POW/MIA of the Vietnam Conflict, deceased 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.

- o Copy of your marriage certificate (if spouse of deceased public safety employee or volunteer or of deceased victim of the September 11, 2001 terrorist attacks).
- o Copy of death certificate.
- o Verification that you are 25 percent 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.)
- o Verification that death as a result of military service, or that death or 100 percent disability was in the line of duty for a public safety employee or volunteer. (Section C and Section G required.)
- o Verification that 100 percent 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).

NOTE: Do not send original certificate(s); they cannot be returned.

NOTE: Awards are subject to the availability of funds.

Initial applicants are awarded based upon the postmarked date a **complete** application was received.

Application must be received by July 15, 2016 at:

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