

Edward T. & Mary A. Conroy Memorial & Jean B. Cryor Memorial Scholarship

Purpose: The Edward T. & Mary A. Conroy Memorial & 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. & Mary A. Conroy Memorial & Jean B. Cryor Memorial Scholarship at the University of Maryland, College Park, students must:

- **The application must be received by July 15, 2025**
- 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 submitted via email:

Email Address: umdfinaid@umd.edu

Renewal Students: Renewal awardees are not required to reapply each year. The Edward T. & Mary A. Conroy Memorial & Jean B. Cryor Memorial Scholarship may be renewed on an annual basis for up to five years of full-time study (12+ credits per semester) or eight years of part-time study (6-11 credits per semester) or a combination of both if the recipient:

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

2025-2026 Edward T. & Mary A. Conroy Memorial & Jean B. Cryor Memorial Scholarship

SECTION A - Applicant Information: (Please Print)

1. UMD UID : _____ - _____ - _____ 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
If you are a **dependent** student, are your parent(s) Maryland resident(s)? ☐ Yes ☐ No
7. Have you applied for this scholarship in the past? ☐ Yes ☐ No
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, stepchild or surviving spouse of a victim of 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 2025-2026 academic year: _____
2. Degree sought: ☐ Undergraduate ☐ Graduate Anticipated date of graduation: ____/____/____
3. In Fall semester 2025, 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 a graduate student)
of credits ____ part-time (6-11 credits per semester for undergraduate; 6-8 credits per semester for a graduate student)
4. In Spring semester 2026, 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. Last four (4) digits of Social Security Number of the person killed or disabled: _____
2. Last name of the person killed or disabled: _____ First name: _____ MI: _____
3. Relationship of the applicant to the 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 - 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 accurate and complete to the best of my knowledge.

Signature of applicant

Date

Section E- Information Release Authorization

Disabled applicant/parent must sign the following authorization statement:

I, _____, do hereby consent to the release of the requested information by
(Print full name of disabled person)
the Veterans' Administration or the State or local public safety personnel office to the Office of Student
Financial Assistance.

Disabled person's signature

Date

AGENCY CERTIFICATION

SECTION F - 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 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).*

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

_____ has a 25 percent (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.

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

Please briefly explain how the death or disability _____ 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.

FOR OFFICE USE ONLY

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

City

State

Zip code

Date

SECTION G - Required Documentation

No application will be considered without the following materials:

- o Completed application for the 2025-26 academic year. Make sure you have completed all the 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 a 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.
- 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.
- o Verification that 100 percent disability was from a service-connected disability as a result of military service. (**Section C and Section F required. Note: A copy of the disabled veteran's award letter may be filed instead of Section F).**

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

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

NOTE: Awards are subject to the availability of funds.

Application must be received by July 15, 2025 at:

Office of Student Financial Aid
Attn: Conroy Scholarship Committee
Email: umdfinaid@umd.edu