



## 2026-2027 Edward T. & Mary A. Conroy Memorial and Jean B. Cryor Memorial Scholarship Program and Application Overview

The Edward T. & Mary A. Conroy Memorial Scholarship Program provides student financial assistance to the children, step-children, and surviving spouses (who have not remarried) due to their relationship to an eligible deceased or 100% disabled military service member, veteran, or public safety employee or volunteer, and veterans with a 25% or greater service-related disability attending a Maryland institution.

The Jean B. Cryor Memorial Scholarship Program provides student financial assistance to the children, step-children, and surviving spouses (who have not remarried) of victims of the September 11, 2001, terrorist attacks, attending a Maryland 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:

- Submit the application and all required supporting documents by July 15, 2026
- Be a Maryland resident or the dependent of a Maryland resident (except children, step-children, and surviving spouses of a public safety employee who died or were disabled in the line of duty)

**Applications must be submitted via the**  
**[MHEC Conroy & Cryor Scholarship Application Submission Portal](#)**

**Application Deadline: July 15, 2026**

**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 half-time and continues to meet all other eligibility requirements.

### **Awarding:**

- **Awards are subject to the availability of funds. Submission of an application does not guarantee the awarding of this scholarship.**
- Renewal scholarship awards are prioritized before initial applicants. If funds remain after awarding renewals, initial applicants will be awarded based on the date on which a complete application, with all supporting documents, was received by our office.
- Eligible initial applicants who are unable to receive an award due to limited funds will be placed on a waiting list. Waitlisted applicants will be awarded as funds become available, prioritized by the date on which a complete application was received.

*Note for Disabled Veteran Applicants:* The state of Maryland limits the number of Edward T. & Mary A. Conroy Memorial scholarships awarded to disabled veteran applicants. Institutions are not guaranteed funding for disabled veteran applicants each year. Please monitor our website for updates regarding the availability of funding.

### **Award Conditions:**

- Students must be enrolled at least half-time (6+ credits for undergraduates, 24+ units for graduates) during the Fall or Spring semesters to receive a disbursement.
- A portion of the awarded Conroy & Cryor Scholarship may be deferred for the Winter and Summer semesters at the student's request. Requests must be submitted in writing to [umdфинаid@umd.edu](mailto:umdфинаid@umd.edu) prior to the term for which the funds are being requested.
- Conroy & Cryor Scholarship awards may be reduced or cancelled in the following situations:
  - Changes in enrollment before the end of the semester's schedule adjustment (add/drop) period.
  - If the student receives other student financial aid, including grants, scholarships, waivers, or Veterans' education benefits, that exceeds the annual cost of attendance.

**Required Documentation:** Applications will not be considered complete without the following documentation:

- A completed 2026-2027 Edward T. & Mary A. Conroy Memorial & Jean B. Cryor Memorial Scholarship application. The application must be signed, and all sections must be completed.
- *If the parent, step-parent, or spouse is deceased or POW/MIA of the Vietnam Conflict:*
  - Copy of your birth certificate showing the names of both parents. Copies may be obtained from the State Department of Vital Records.
  - Copy of your marriage certificate (if applicable)
  - Copy of your parents' marriage certificate (if applicable)
  - Copy of your parent, step-parent, or spouse's death certificate
  - If receiving any veteran education benefits, a copy of your benefits eligibility letter
  - Verification that death was a result of military service or the September 11, 2001, terrorist attack, or occurred in the line of duty for a public safety employee or volunteer, or school employee.
    - Section F of this application must be completed by an authorized representative from a federal, state, or local agency or personnel office. A verification letter from an authorized agency may be submitted instead of Section F.
- *If the parent, step-parent, or spouse is disabled and has a service-connected 100% permanent disability:*
  - Copy of your birth certificate showing the names of both parents. Copies may be obtained from the State Department of Vital Records.
  - Copy of your marriage certificate (if applicable)
  - Copy of your parents' marriage certificate (if applicable)
  - If receiving any veteran education benefits, a copy of your benefits eligibility letter
  - Verification that 100 percent disability is the result of military service or was in the line of duty for a public safety employee or volunteer, or school employee.
    - Sections E and F of this application must be completed. A copy of the disabled veteran's benefits letter or a verification letter from an authorized agency may be submitted instead of Section F.
- *If you are applying as a 25 percent disabled military veteran:*
  - Verification that you are at least 25 percent disabled from a service-connected disability and have exhausted or are ineligible for federal education benefits.
    - Sections E and F of this application must be completed. A copy of the disabled veteran's disability determination letter, education benefits letter, or a verification letter from the Veterans' Administration can be submitted instead of Section F.
- If you have received the Edward T. & Mary A. Conroy Memorial & Jean B. Cryor Memorial Scholarship at another institution, you must submit:
  - A letter (on letterhead) from the financial aid office at your previous institution confirming the number of terms the award was received.
  - The Conroy/Cryor scholarship application that was submitted and approved at the previous institution, along with the supporting documentation.

**Contact Information:**

**UMD Office of Student Financial Aid**

**Email:** [umdfinaid@umd.edu](mailto:umdfinaid@umd.edu) (Attention: Conroy/Cryor Scholarship)

**Telephone:** (301) 314-8377 (Option 2)

**Mail:** 0115 Mitchell Building  
7999 Regents Drive  
College Park, MD 20742

**SECTION A: APPLICANT INFORMATION**

UMD UID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Previous name under which records may be kept: \_\_\_\_\_

Permanent mailing address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a Maryland resident? Yes No

If you are a dependent student, are your parent(s) Maryland resident(s)? Yes No

Have you received this scholarship in the past? Yes No

If yes, name the institutions: \_\_\_\_\_

Years and semesters received: \_\_\_\_\_

Are you currently receiving or expecting to receive any of the following Veteran education benefits in 2026 or 2027?

Post-9/11 GI Bill (Chapter 33)

Survivors' and Dependents' Educational Assistance (Chapter 35)

Veteran Readiness and Employment (VR&amp;E - Chapter 31)

No, I am not receiving or expecting to receive Veteran education benefits

Applicant's relationship to the person with the qualifying condition:

Son Daughter Stepson Stepdaughter Surviving Spouse Self

Select the qualifying condition of your family member or yourself:

Died as a result of military service after December 7, 1941

Suffered a service connected 100% permanent disability after December 7, 1941

Was declared to be a prisoner of war or missing in action on or after January 1, 1960, as a result of the Vietnam conflict, and the child was born prior to or while the parent was a prisoner of war or missing in action.

A prisoner of war or missing in action occurring on or after January 1, 1960, as a result of the Vietnam conflict, and was a resident of this State at the time the person was declared to be a prisoner of war or missing in action.

Suffers a service-connected disability of 25% or greater and has exhausted or is no longer eligible for federal veterans' educational benefits

Victim of the September 11, 2001, terrorist attacks

- 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):  
\_\_\_\_\_  
\_\_\_\_\_

School employee who, as a result of an act of violence, died in the line of duty

School employee who, as a result of an act of violence, sustained an injury in the line of duty that rendered the school employee 100% disabled

Any state or local public safety employee killed in the line of duty

Disabled public safety employee

Disabled public safety employee who sustains an injury in the line of duty that renders the public safety employee 100% disabled

**SECTION B: CURRENT INSTITUTION INFORMATION**

What Maryland institution will you attend in the 2026-2027 academic year? \_\_\_\_\_

Degree Program:            Undergraduate            Graduate            Anticipated Graduation: \_\_\_\_\_

Anticipated Enrollment:

*Full-time: 12+ credits per semester for undergraduate; 9+credits or 48 + units per semester for graduate*

*Part-time (6-11 credits per semester for undergraduate; 6-8 credits or 24-47 units per semester for graduate)*

- In Fall 2026, I plan to enroll    full-time    part-time in \_\_\_\_ credits (indicate number of credits)
- In Spring 2027, I plan to enroll    full-time    part-time in \_\_\_\_ credits (indicate number of credits)

**SECTION C: FAMILY INFORMATION**

Provide the following information about the deceased or disabled parent, step-parent, spouse, or veteran applicant.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Last four (4) digits of Social Security Number: \_\_\_\_\_

Relationship of the deceased or disabled person to the applicant:

Self    Mother    Father    Stepmother    Stepfather

Branch of the United States military or name of public safety agency in which the deceased or disabled person served, if applicable: \_\_\_\_\_

Date of death or disability: \_\_\_\_\_

Address at time of death or disability:

Address: \_\_\_\_\_

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

**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

**THE FOLLOWING SECTIONS E & F ARE ONLY REQUIRED IF THE APPLICANT IS A DISABLED VETERAN, OR THE CHILD, STEPCHILD, OR SURVIVING SPOUSE OF A DISABLED PARENT, OR SPOUSE. ALTERNATIVE SUPPORTING DOCUMENTS MAY BE SUBSTITUTED FOR THESE SECTIONS. PLEASE REVIEW THE REQUIRED DOCUMENTATION LIST FOR ACCEPTABLE DOCUMENTATION.**

**SECTION E: INFORMATION RELEASE AUTHORIZATION** (Completed by the Disabled Applicant, Parent, or Stepparent)

I, \_\_\_\_\_, do hereby consent to the release of the requested information  
(Full name of disabled person)  
 By the U.S. Department of Veterans' Affairs, or the State or local public safety personnel office, to the University of Maryland, Office of Student Financial Aid.

 \_\_\_\_\_  
 Authorizer's Signature

 \_\_\_\_\_  
 Date

**SECTION F: AGENCY CERTIFICATION** (Completed and signed by an authorized representative of the U.S. Department of Veterans' Affairs, or a State or local government public safety personnel office.)

*100% disabled military personnel:*

 \_\_\_\_\_ has a 100 percent\* 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.

*\*Veterans must be classified as 100% disabled (i.e., cannot be 90% disabled, but 100% unemployable).*
*25% 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.

*Deceased member of the U.S. Armed Forces, or deceased or 100 percent disabled public safety employee, or volunteer:*

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

This office is unable to provide the requested information.

_____	_____
Name of authorized official completing verification	Signature
_____	_____
Title	Name of Agency
Email _____	Phone _____
Address _____	City _____
_____	State _____ Zip _____