



UNIVERSITY OF  
**MARYLAND**  
OFFICE OF STUDENT FINANCIAL AID

0102 Lee Building  
7809 Regents Drive  
College Park, MD 20742  
TEL: 301-314-TERP (8377)  
FAX: 301-314-9587  
www.financialaid.umd.edu  
sfa-scholarships@umd.edu

**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:

- **Application must be received by July 15, 2018**
- 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:**

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

**Or Faxed to:**

**Attn: Scholarship Selection Committee**  
301-314-9587

**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 there recipient:

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



**2018-2019 Edward T. Conroy & Jean B. Cryor Memorial Scholarship Application**

**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 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 2018-2019 academic year: \_\_\_\_\_
2. Degree sought:  Undergraduate  Graduate Anticipated date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. In Fall semester 2018, 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 2019, 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 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**

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 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 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 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.

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 H - Required Documentation

No application will be considered without the following materials:

- o Completed application for the 2018-2019 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.**

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, 2018 at:**

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**Attn: Scholarship Selection Committee**  
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Email: [sfa-scholarships@umd.edu](mailto:sfa-scholarships@umd.edu)