

# 2024-2025 Edward T. Conroy & Jean B Cryor Memorial Scholarship Application

Complete and return this form by July 15, 2024.

## 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 2024-2025 academic year: \_\_\_\_\_
2. Degree sought:  Undergraduate  Graduate Anticipated date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. In Fall semester 2024, 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 2025, 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)

(Over, please)

**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 - 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:

I, \_\_\_\_\_ do hereby consent to the release of the requested  
Print full name of disabled person  
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 E - 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.

**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 F - Required Documentation**

### **No application will be considered without the following materials:**

- o Completed application for the 2024-2025 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 veteran's death certificate, if applicable.
- 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 E 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 E required.)
- o Verification that 100 percent disability was from a service connected disability as a result of military service. (Section C and Section E required. Note: A copy of the disabled veteran's award letter may be filed instead of Section E).

**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, 2024 at:**

College of Southern Maryland  
Financial Assistance Department  
Attention: Edward T. Conroy Memorial Scholarship Program  
P.O. Box 910  
La Plata, MD 20646-0910