



**2026-2027 Edward T. Conroy Memorial Scholarship Application**

**SUBMISSION DEADLINE: July 15, 2026**

**SECTION A - Applicant Information:** (Please Print)

1. UMB ID: @00 \_\_\_\_\_ Date of birth: \_\_\_\_\_
2. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
Previous name under which records may be kept: \_\_\_\_\_
3. Permanent mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
5. Email 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 \_\_\_
  - a. Institution Received: \_\_\_\_\_
  - b. Semester(s)/year(s) received: \_\_\_\_\_
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 \_\_\_
11. Are you currently receiving any other tuition assistance that covers your tuition and fees?  
Yes \_\_\_ No \_\_\_

**SECTION B - Current College/University Information:**

1. Degree sought: Undergraduate \_\_\_ Graduate \_\_\_ Anticipated date of graduation: \_\_\_\_\_
2. I intend to enroll in courses during Summer semester 2026: Yes \_\_\_ No \_\_\_
3. In Fall semester 2026, I will enroll for: (please put a **numeric** amount in the space provided below)  
# of credits \_\_\_ full-time (per semester: 12+ credits for undergraduate; 9+ credits for graduate)  
# of credits \_\_\_ part-time (per semester: 6-11 credits for undergraduate; 6-8 credits for graduate)
4. In Spring semester 2027, I will enroll for:  
# of credits \_\_\_ full-time (per semester: 12+ credits for undergraduate; 9+ credits for graduate)  
# of credits \_\_\_ part-time (per semester: 6-11 credits for undergraduate; 6-8 credits for graduate)

**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: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_
3. Relationship of 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: \_\_\_\_\_
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, stepchild, or spouse of a victim of the September 11, 2001 terrorist attacks? 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: \_\_\_\_\_

## Agency Certification

**SECTION E - To be completed by the Veterans' Administration, State Agency 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)

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\_\_\_\_\_ 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 number

City

State

Zip code

Date

## **SECTION F - Required Documentation**

No application will be considered without the following materials:

O Completed application for the 2026-2027 academic year. Make sure you have completed all necessary sections.

O Copy of your birth certificate showing the 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, the Veteran, 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 on the postmarked date a **complete** application was received.

**NOTE: Awards are subject to the availability of funds and are automatically applied to fall and spring semesters.**

**Application must be received by July 15, 2026**