



**Complete and return this form by July 15, 2024.**

**Section A: General Applicant Information** (Please Print)

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
Previous name under which records may be kept: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
4. Telephone(Day): \_\_\_\_\_ Telephone(Evening): \_\_\_\_\_
5. E-mail address: \_\_\_\_\_ Are you a Maryland resident?  Yes  No

Have you applied for this scholarship in the past?  Yes  No Year applied: \_\_\_\_\_

**Please check one that applies:**

- Son, daughter, stepchild or surviving spouse (who has not remarried) of members of the United States armed forces who died as a result of military service, or who suffered a service connected 100% permanent disability as a result of military service
- Veteran who suffers a service connected disability of 25% or greater as a result of military service, and has exhausted or is no longer eligible for federal veterans' educational benefits
- POW/MIA of the Vietnam Conflict
- Son, daughter, or stepchild of POW/MIA of the Vietnam Conflict  
**NOTE:** POW/MIA children must have been a resident of Maryland at the time the person was declared to be a prisoner of war or missing in action
- Son, daughter, stepchild or surviving spouse (who has not remarried) of a victim of the September 11, 2001, terrorist attacks who died as a result of the attacks on the World Trade Center in New York City, the attack on the Pentagon in Virginia, or the crash of United Airlines Flight #93 in Pennsylvania
- Son, daughter, stepchild or surviving spouse (who has not remarried) of State or local public safety employees or volunteers who died in the line of duty
- Son, daughter, stepchild or surviving spouse (who has not remarried) of State or local public safety employees or volunteers who sustained an injury in the line of duty that rendered the public safety employee or volunteer 100% disabled
- State or local public safety employees or volunteers who became 100% disabled in the line of duty  
**NOTE:** Public safety employee or volunteer must have been a resident of Maryland at the time of death or when declared 100% disabled.
- A veteran, as defined under 9-901 of the State Government Article, Annotated Code of Maryland, who either suffers a service connected disability of 25% or greater and has exhausted or is no longer eligible for federal veterans' educational benefits
- Son, daughter, stepchild, or surviving spouse (who has not remarried) of a school employee who, as a result of an act of violence either died in the line of duty or sustained an injury in the line of duty that rendered the school employee 100% disabled



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

- Complete name of the Maryland institution you will attend in 2024-2025 academic year: \_\_\_\_\_
- Degree sought: \_\_\_ Undergraduate \_\_\_ Graduate  
Anticipated date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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)
- 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)

**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.

- Social Security Number of person killed or disabled: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
- Last name of person killed or disabled: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
- Relationship of applicant to person killed or disabled:  
\_\_\_\_\_
- Branch of United States armed forces or name of public safety facility in which person killed or disabled served, if applicable:
- Date of \_\_\_ death or \_\_\_ disability: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Address at date of death/disability: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
- 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 : Military Personnel (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, using a separate sheet of paper, explain the circumstances of the death or disability, the cause, and why it is considered service connected.

Information Release Authorization: Disabled applicant/parent must sign the following authorization statement:

I, \_\_\_\_\_ do hereby consent to the release of the requested 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 \_\_\_\_\_

\*\*To be completed by the Veterans' Administration office.

In the case of 100 percent disabled military personnel:

\_\_\_\_\_ has a 100%\* disability rating, and his/her diagnostic codes are: (name of disabled person)

Codes: \_\_\_\_\_ Percentage(s): \_\_\_\_\_

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

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

\_\_\_\_\_ has a 25 % (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.

I hereby certify that the information provided on this application is correct and contained in our records.

Name of authorized official

Signature

Title

E-mail

Address

Phone number



**Section F: School Employee (If applicable)**

The following information pertains to the family member who was a school employee and as a result of violence either died in the line of duty or sustained an injury in the line of duty that rendered the school employee 100% disable.

**Part A- To be completed by school employee of family member of school employee**

1. Social Security Number of deceased or disabled: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Last name of deceased or disabled: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
3. Relationship of applicant to deceased or disabled:  
\_\_\_\_\_
4. Name of the school in which the deceased or disabled served: \_\_\_\_\_
5. Date of \_\_\_ death or \_\_\_ disability: \_\_\_ / \_\_\_ / \_\_\_
6. Address at date of death/disability:  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
7. Are you currently receiving any other student financial aid funds because you are the child or spouse of a school employee victim?  
\_\_\_ Yes \_\_\_ No If yes, please list scholarship name(s) and amount(s):  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**Part B**

Please provide copies of Workman's Compensation or other documentation detailing the death or disability of the school employee.

\*\*Please contact the Office of Financial Aid for more information, if necessary\*\*

- I am able to provide the requested information and it is attached.
- I am unable to provide the requested information.

**SECTION C - 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



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

2024-2025 Application  
Edward T. and Mary A. Conroy Memorial Scholarship Program  
Jean B. Cryor Memorial Scholarship Program

### **Required Documentation**

**Applications will not be considered without the following materials:**

- Complete 2024-2025 Edward T. Conroy Memorial **application**. Make sure you have completed all necessary sections.
- Copy of your **birth certificate** showing names of both parents if you are the son or daughter of a deceased or 100% disabled military person, POW/MIA of the Vietnam Conflict, deceased public safety employee or volunteer, deceased victim of the September 11, 2001 terrorist attacks, or a deceased or 100% disabled school employee.  
(Copies may be obtained from the State Department of Vital Records.)
- Copy of your **parents' marriage certificate** showing names of both biological and step parent if you are the stepchild of a deceased or 100% disabled military person, POW/MIA of the Vietnam Conflict, deceased public safety employee or volunteer, deceased victim of the September 11, 2001 terrorist attacks, or a deceased or 100% disabled school employee
- 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).
- Copy of **death certificate** (if deceased military personnel, 9/11 victim, or public safety employee).
- Verification that you are 25% disabled from a service connected disability as a result of military service and exhausted, or are no longer eligible for, federal veterans' educational benefits. **(Section D required)**
- Verification that 100% disability was from a service connected disability as a result of military service. **(Section D required)**
- Verification that death as a result of public safety service, or that death or 100 percent disability was in the line of duty for a public safety employee or volunteer. **(Section E required)**
- Verification that disability or death of a school employee was a result of violence and sustained in the line of duty. **(Section F required)**

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

**All complete applications must be submitted by July 15, 2024 to:**

Notre Dame of Maryland University  
Office of Financial Aid  
4701 North Charles Street  
Baltimore, MD 21210  
410-532-6287 (Fax)  
410-532-5369 (Voice)