

EDWARD T. CONROY MEMORIAL SCHOLARSHIP PROGRAM 2015-2016 APPLICATION

Complete and return this form by July 15, 2015.

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 2015-2016 academic year: _____
2. Degree sought: Undergraduate Graduate Anticipated date of graduation: ____/____/____
3. In Fall semester 2015, 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 2016, 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 – (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

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 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.

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 H - Required Documentation

No application will be considered without the following materials:

- o Completed application for the 2015-2016 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, 2015 at:

**Salisbury University
Financial Aid Office
1101 Camden Avenue
Salisbury, MD 21801
Phone: 410-543-6165
Fax: 410-543-6138**