

UNIVERSITY OF MARYLAND EASTERN SHORE 2026-2027 APPLICATION

EDWARD T. And MARY A. CONROY & JEAN B. CRYOR MEMORIAL SCHOLARSHIP PROGRAMS

Complete and return this form by Wednesday, July 15th, 2026.

SECTION A- Application 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 number: _____ Alternative: _____
5. E-mail address (Optional): _____
6. Are you a Maryland resident?: _____ Yes _____ No (please check one)
7. Have you applied for this scholarship in the past?: ___ Yes ___ No, year applied _____
8. Has someone else in your family ever received this scholarship? _____
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 (died as a result of the attacks the World Trade Center, the Pentagon or the crash of United Airlines Flight #93)? _____ Yes _____ No

SECTION B- Current College/University Information:

1. Complete the name of the Maryland Institution you will attend in the 2026-2027 academic year: _____
2. Degree sought: ___ Undergraduate ___ Graduate Anticipated date of Graduation: ____ / ____ / ____
3. In Fall semester 2026, 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 2027, 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)

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SECTION C- Family Information:

The following information pertains to the family member who was killed as a result of military services in the United States Armed Forces, or a result of services as a State or Local public safety employer 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 for applicant to person killed or disabled: _____
4. Branch of United States Armed Forces or names of public safety facility in which person killed or disabled, 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 (Please check one)
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):
 _____ Amount: \$ _____
 _____ Amount: \$ _____

SECTION D- (If applicable)

In the case of 100% disabled or deceased **Military Personnel**, and in the case of 25% (or more) disabled **Military Personnel**, please address the following questions.

Using a separate sheet of paper, explain the circumstances of 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 or University 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 _____

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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 of Local public safety personnel office to the Office of Student Financial Assistance.

Print full name of disabled person

Disabled person's signature Date

SECTION F- To be completed by the Veteran's Administration or the State or Local public safety personnel service.

In case of 100% Disabled Military Personnel:

_____ has a 100%* disability rating, and his/her codes are:
(Name of disabled person)

Code(s): _____ Percentage(s): _____

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

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

_____ has a 25% (or more) disability rating, and his/her codes are:
(Name of disabled person)

Code(s): _____ Percentage(s): _____

_____ This person has exhausted his/her federal veteran's educational benefits.

_____ This person is no longer eligible for federal veteran's educational benefits.

In the case of decease or 100% 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.

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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 (Optional)

Address

Phone number

City

State

Zip code

Date

SECTION G - Required Documentation:

No application will be considered without the following materials.

- Completed application for the 2026-2027 academic year. 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, or deceased victim of the September 11, 2001 terrorist attacks. Copies may be obtained from the State Department of Vital Records.
- Copies of your marriage certificate (if spouse of deceased public safety employee or volunteer or of a deceased victim of the September 11, 2001 terrorist attacks)
- Copy of death certificate.
- Verification that you are 25% disabled from a service connected disability as a result of military service and has exhausted or is no longer eligible for federal veteran's educational benefits. (Section G required)
- Verification that death as a result of military service, or that death or 100% disability was in the line of duty for a public safety employee or volunteer. (Section C and G required)
- Verification that 100% disability was from a service connected disability as a result of military *service*. (Section C and G required. **Note:** A copy of the disabled veteran's award letter may be filled instead of Section G).

NOTE: Do not send original certification(s); they CANNOT be returned.

*Initial applications are awarded based upon the postmarked date a **completed** application was received.

NOTE: Awards are subject to the availability of funds.

Application must be RECEIVED by Wednesday, July 15th, 2026.

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EDWARD T. CONROY MEMORIAL SCHOLARSHIP PROGRAM PROVIDES FINANCIAL AID TO:

- Sons and daughters 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;
- A 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 veteran's educational benefits;
- A POW/MIA's of the Vietnam Conflict and their sons and daughters;
- Sons and daughters and surviving spouses (who have not remarried) of State or Local public safety employees or volunteers who died in the line of duty or who sustained an injury in the line of duty that rendered the public safety employees or volunteers 100% disabled; or,
- Sons and daughters and surviving spouses (who have not remarried) victims 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;
- State or Local public safety employees or volunteers who became 100% disabled in the line of duty.

NOTE: Public safety employee or volunteers must be a resident of Maryland at the time of death or when declared 100% disabled. A veteran applicant must have a 25% or greater and have exhausted or no longer be eligible for federal education benefits.

Applicant and their parents if dependent must be residents of Maryland and attend a Maryland postsecondary institution. The amount of the Edward T. Conroy award is tuition and mandatory fees at the institution you attend, but cannot exceed \$12,617 for the 2026-2027 academic year. Award amounts may not reflect subsequent tuition and fee increases made throughout the academic year.

The total dollar amount of all State Scholarship awards may not exceed your cost of attendance, as determined by your school's financial aid office. Or \$ 19,000.00 whichever is less. Awards to the sons, daughter and spouses of victims of the September 11, 2001, terrorist attacks may not exceed \$19,000.00 when combined with any other scholarships received by a student based on the student's status as a child or spouse of a victim of the September 11, 2001 terrorist attacks.

Awards may be held for five years of full-time (12 or more credits per semester) or eight years of part-time (6-11 credits per semester) attendance or a combination of both. Recipients may attend at either the undergraduate or graduate level. **Audited courses** cannot be used to reach the minimum credits hours required for full-time or part-time status.

Applicants Process: Initial applicants for the scholarship must submit the Edward T. And Mary A. Conroy & Jean B. Cryor Memorial Scholarship Programs application form, **WITH ALL REQUIRED DOCUMENTATION** to the address below, and it must be **received by Wednesday, July-15, 2026**

SECTION H- Awards are made annually, with renewal applications given first priority. Initial applicants will be awarded based on the post marked date of their **completed** application. The amount is based upon enrollment status (full or part-time), the cost of tuition and mandatory fees at the institution the recipient attends, and the number of eligible applicants. Late application will be accepted; however, awards will only be made on the basis of available funds.

NOTE: Awards are subject to the availability of funds.

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COMPLETE AND MAIL THE APPLICATION WITH REQUIRED DOCUMENTATION TO:

*University of Maryland Eastern Shore
Office of Student Financial Aid
Student Development Center, Suite #1100
Princess Anne, Maryland 21853*