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**Complete and return this form by July 15, 2026.**

**Section A: Student Information** (Please Print)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Current Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

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, 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 or daughter of POW/MIA of the Vietnam Conflict
- Son, daughter, 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, 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, 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
- Son, daughter, 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

**NOTE:** Public safety employee or volunteer must have been a resident of Maryland at the time of death or when declared 100% disabled.

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**Section B: 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; was a victim of the September 11, 2001 terrorist attacks; or was killed or 100% disabled due to an act of violence as a school employee.

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 C: 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.

**\*\*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)

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 % (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.**

\_\_\_\_\_  
Print name of authorized official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Date

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**Section D: Public Safety Personnel (If applicable)**

In the case of 100% disabled or deceased **public safety 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.

**\*\*To be completed by the State or local public safety personnel office.**

**In the case of deceased or 100% 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.

**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 E: School Employee (If applicable)**

In the case of 100% disabled or deceased **School Employee**, students must submit the following:

- Using a separate sheet of paper, explain the circumstances of the death or disability, the cause, and why it is considered service connected; and
- A detailed police report and death certificate; or
- A certified letter from the School/Board of Education as verification of the employee's 100% disability.

### **Required Documentation**

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

- o Complete 2026-2027 Edward T. Conroy Memorial Scholarship & Jean B. Cryor Memorial Scholarship **application**.
- o 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 deceased or 100% disabled due to act of violence as school employee. 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, of deceased victim of the September 11, 2001 terrorist attacks, or deceased or 100% disabled due to act of violence as school employee).
- o Copy of **death certificate** (if deceased military personnel, 9/11 victim, public safety employee, or school employee).
- o 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 C required)**
- o Verification that 100% disability was from a service connected disability as a result of military service. **(Section C required)**
- o 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 D required)**
- o Verification that death was a result of an act of violence in the line of duty, or the 100 percent disability was a result of an act of violence in the line of duty for a school employee. **(Section E required)**

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

#### **All complete applications must be submitted by July 15, 2026 to:**

Howard Community College  
Financial Aid Services  
Attention: Edward T. Conroy Memorial Scholarship Program & Jean B. Cryor Memorial Scholarship Program  
10901 Little Patuxent Parkway  
Columbia, MD 21044