

**Edward T. Conroy Memorial Scholarship Application**

CRI CODE: XXMDDGC

To be eligible for consideration for the Edward T. Conroy Memorial Scholarship, each new and continuing applicant must meet the following criteria to be considered for this award through the Maryland Higher Education Commission (MHEC):

- Maintain Maryland residency (with the exception of a disabled public safety employee or the children, step-children, and surviving spouse of a state or local public safety employee who died or was disabled in the line of duty).
- Enroll for a minimum of six credits each semester.
- Attend a Maryland postsecondary institution on at least a part-time basis and be one of the following;
  - Be a son, daughter, or stepchild, whose parent served in the United States Armed Forces after December 7, 1941 and died or was totally and permanently disabled as a direct result of military service.
  - A State or local public safety employee killed or 100% disabled in the line of duty.
  - A prisoner of war or missing in action as a result of the Vietnam Conflict on or after January 1, 1960.
  - A victim of the September 11, 2001 terrorist attacks.
  - A surviving spouse (a person who has not remarried) of a State or local public safety employee killed in the line of duty or a victim of the September 11, 2001 terrorist attacks.
  - A 100 % disabled public safety employee, or;
  - A Veteran who suffers a service-related disability of 25% or greater; and who has exhausted or is no longer eligible for federal veteran's educational benefits.
  - To qualify, a stepchild must provide copies of marriage certificate & birth certificates.

### Application Process and Selection Information

Initial applicants for the scholarship must submit the Edward T. Conroy Memorial Scholarship application form, **with all required documentation**, to the address below, and it must be **received by July 15th** for the upcoming academic year. Late or incomplete applications will not be considered.

**You can fax or mail the completed application along with the required documents to our office:**

Anne Arundel Community College  
Financial Aid Office  
101 College Parkway  
Arnold, MD 21012  
Fax: 410-777-2203  
[finaid@aacc.edu](mailto:finaid@aacc.edu)

Awards are made annually, with renewal applicants given first priority. Initial applicants will be awarded based on the postmarked date of their **complete** application. The award 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 not be accepted.

Annual awards cover the cost of tuition and fees and may not exceed \$12,030 annually. 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 credit hours required for full-time or part-time status.

## Edward T. Conroy Memorial Scholarship Application

Please carefully complete this form and return by July 15 for the upcoming academic year.

### Part 1: Applicant Information

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Last Name	First Name	M.I.	AACC Student ID Number (required)
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1) I am requesting the Conroy Scholarship for the 20\_\_\_\_ - 20\_\_\_\_ academic year.

2) Have you applied for graduation:  Yes  No If yes, what is your anticipated date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

3) Have you received this scholarship in the past?  Yes  No Year applied: \_\_\_\_\_

4) Has as someone else in your family received this scholarship?  Yes  No  
If yes, Name(s) of persons in your family: \_\_\_\_\_

5) 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

6) What degree are you seeking for Undergraduate Study: \_\_\_\_\_

### Part 2: 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.

7) Social Security Number of person killed or disabled: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8) Name of person killed or disabled: \_\_\_\_\_  
Last First MI

9) Relationship of applicant to person killed or disabled: \_\_\_\_\_

10) Branch of United States armed forces or name of public safety facility in which person killed or disabled served, if applicable: \_\_\_\_\_

11) Date of  death or  disability: \_\_\_\_/\_\_\_\_/\_\_\_\_

12) Address at date of death/disability: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

13) Are you eligible for the program because you or your parent was a POW/MIA of the Vietnam Conflict?  Yes  No

14) 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, list scholarship name(s) and award amount(s):

	\$	
	\$	

### Part 3: Signatures and Release of Information

15) The applicant must sign the following certification statement:

By signing and submitting this application for the Edward T. Conroy Memorial Scholarship, I certify that all the information reported on this worksheet is true and complete to the best of my knowledge. **I pledge, as a condition of receiving student financial assistance, 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.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16) The disabled applicant/parent/spouse must sign the following authorization statement:

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

(Print full name of disabled person)

requested information by the Veterans' Administration or the State or local public safety personnel office to the AACC Financial Aid Office and the Maryland Higher Education Commission.

\_\_\_\_\_  
Disabled Person's Signature

\_\_\_\_\_  
Date

### Part 4: Additional Information

If the applicant's case is for 100 or of 25 percent (or more) disabled **military personnel** or deceased **military personnel**, please answer the following question. (All others can skip this section.) Attach a separate statement if more information needs to be provided.

17) Explain the circumstances of the death or disability, the cause, and why it is considered service connected.

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### Part 5: Required Documentation *No application will be considered without the following materials:*

- Completed application for the upcoming 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 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.
- 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.
- 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. **(Part 4 required.)**
- Verification that death was 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. **(Part 4 and Part 6 required.)**
- Verification that 100 percent disability was from a service connected disability as a result of military service. **(Part 4 and Part 6 required. However, a copy of the disabled veteran's award letter may be filed instead of Part 6).**

**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.
- Awards are subject to the availability of funds.

**Part 6: TO BE COMPLETED BY THE VETERAN'S ADMINISTRATION OR LOCAL PUBLIC SAFETY OFFICE, IF REQUIRED:**

**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\* 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

AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual misconduct, discrimination or harassment, contact the federal compliance officer/Title IX Coordinator at 410-777-1239 or [complianceofficer@aacc.edu](mailto:complianceofficer@aacc.edu) or Maryland Relay 711.