2026-2027 EDWARD T. CONROY MEMORIAL SCHOLARSHIP PROGRAM APPLICATION

SUBMISSION DEADLINE: July 15, 2026

SECTION A - Applicant Information: (Please Print)

1. HCC Student ID: _____ 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

   If you are a **dependent** student, are your parent(s) Maryland resident(s)? ___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, stepchild, 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 Information:

1. Complete name of the Maryland institution you will attend in upcoming academic year: _____
2. Degree sought: ___Undergraduate ___Graduate Anticipated date of graduation:_____/_____/_____
3. In Fall semester 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 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.

1. Last four (4) digits of 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, stepchild, or spouse of a victim of the September 11, 2001 terrorist attacks? ___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

<u>Information Release Authorization</u>: 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

Agency Certification

SECTION G - To be completed by the Veterans' Administration, State Agency 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.

FOR OFFICE USE ONLY

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:

- 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 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. **(Section G required.)**
- 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.)**
- 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.

You may submit a copy of your **Chapter 35 DEA Certificate of Eligibility** as confirmation of benefit eligibility.

Initial applicants are awarded based upon the date a **complete** application is **received**. **NOTE:**

Awards are based on availability of funds.

Application must be received by July 15, 2026 at:

Harford Community College
Student Center-Financial Aid
401 Thomas Run Road
Bel Air, Maryland 21015-1627
Attn: VetsMilitary@Harford.edu