ALLEGANY COLLEGE of MARYLAND

2026-2027 Edward T. and Mary A. Conroy & Jean B. Cryor

Memorial Scholarship SECTION - Applicant Information:

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, 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/University Information:

1. Complete name of the Maryland institution you will attend in 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)

12401 Willowbrook Road, SE | Cumberland, MD 21502-2596
Phone: 301-784-5213 | Fax: 301-784-5010 | www.allegany.edu
Email: studentfinancialaid@allegany.edu

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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)

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/stepparent 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 attack? __Yes ___No

   If yes, please list the scholarship name(s) and amount(s):

   _____ $_____

   _____ $_____

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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

SECTION F - Information Release Authorization

Information Release Authorization: Disabled applicant/parent/stepparent must sign the following authorization statement:

I, _____ do hereby consent to the release of the requested

Print full name

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

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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% employable).*

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 _____
(name of deceased or disabled)
was classified as a result of State or local public safety service:

_____

_____

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
Address	Phone number

City	State	Zip code	Date

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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 parents if you are the son, daughter, or stepchild 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 marriage certificate for parent and stepparent if stepchild 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.)

NOT E: Do not send original certificate(s); they cannot be returned

NOTE: Awards are subject to the availability of funds.

Initial applicants are awarded based upon the postmarked date a **complete** application was received.

Applications must be received by July 15, 2026 to:

Attention Student Financial Aid Office
12401 Willowbrook Road, SE
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