



2020-2021
Edward T. and Mary A. Conroy Memorial
Scholarship Application

The Edward T. Conroy and Mary A. Memorial Scholarship Program (Conroy) is intended to cover the mandatory tuition and fees for:

- Sons, daughters, stepchildren, or the surviving spouse (who has not remarried) of a member of the United States Armed Forces who died as a result of military service or who suffered a 100% permanent disability as result of military service;
- A student veteran who suffers a disability of 25% or greater as a result of military service, and has exhausted or is no longer eligible for federal veterans' educational benefits;
- A POW/MIA of the Vietnam Conflict or his/her son, daughter, or stepchild if the service member was a resident of Maryland at the time s/he was declared to be a prisoner of war or missing in action;
- Sons, daughters, stepchildren, or surviving spouse of a victim who died as a result of the September 11, 2001 terrorist attacks on the World Trade Center in New York City, the Pentagon in Virginia, or the crash of United Airlines Flight 93 in Pennsylvania;
- Son, daughters, stepchildren, or surviving spouses (who have 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;
- Sons, daughters, stepchildren, or the surviving spouse (who has not remarried) of a state or local public safety employee or volunteer who died in the line of duty or who was 100 percent disabled in the line of duty and was a resident of Maryland at the time the person was declared deceased or 100% disabled; and,
- A state or local public safety employee or volunteer who was 100 percent disabled in the line of duty.

Applicants and their parents (if dependent) must be residents of the state of Maryland, with the exception of children of State or local public safety employees who died in the line of duty, at the time of the application. Residency is determined by the Office of Admissions at the time the applicant is admitted to the University. The amount of the Conroy award is intended to cover tuition and mandatory fees at Bowie State University. In cases where a student receives another scholarship or education benefit intended to cover tuition and fees, the Conroy scholarship will reflect the difference, if any.

The total dollar amount of all scholarship awards may not exceed your cost of attendance, as determined by the Office of Financial Aid. In cases where a student's financial aid (including scholarships, grants, loans, federal work study, and education benefits) exceeds their cost of attendance, awards may be adjusted.

Awards may be held for five years of full-time (12 or more undergraduate credits per semester; 9 or more graduate credits per semester) or eight years of part-time (6-11 undergraduate credits per semester; 6-8 graduate credits per semester) attendance or a combination of both. Recipients may attend at either the undergraduate or the graduate level. Audited courses cannot be used to reach the minimum credits hours required for full-time or part-time status. The Conroy scholarship will

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not cover tuition and fees during the Winter or Summer sessions.

APPLICATION PROCESS: Initial applicants for the scholarship must submit the Edward T. Conroy Memorial Scholarship application form, with all required documentation, and it must be received by July 15, 2020. Late applications will not be considered.

SELECTION: 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-time or part-time), the cost of tuition and mandatory fees Bowie State University, the additional aid and education benefits that recipient has received, and the number of eligible applicants. Late applications will not be considered. **Awards are subject to the availability of funds.**

Return completed applications with documentation by:

MAIL	IN-PERSON	EMAIL
The Bowie State University campus is currently closed in response to the COVID-19 pandemic. Applications will not accepted by mail at this time.	The Bowie State University campus is currently closed in response to the COVID-19 pandemic. Applications will not accepted in-person at this time.	financialaid@bowiestate.edu

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Complete and return this form, by July 15, 2020.

SECTION A - 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, 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 2020-21 academic year: _____
2. Degree sought: ___ Undergraduate ___ Graduate Anticipated date of graduation: _____ / _____ / _____
3. In Fall semester 2020, 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 2021, 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)

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

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service connected 100% permanent disability as a result of military service; or, was a victim of the September 11, 2001 terrorist attack

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 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 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 D - 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

Information Release Authorization: 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

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SECTION E - 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% 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.

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 F – Required Documentation

No application will be considered without the following materials:

- Completed application for the 2020-21 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; or, if the disabled veteran is the stepparent of the student).
- Copy of death certificate, if applicable.
- 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. A copy of the disabled veteran's award letter may be filed instead of Section G).**

Please send applications by email. The application and supporting documentation should be attached as one PDF attachment.

**Applications must be received by email at financialaid@bowiestate.edu no later than
July 15, 2020 at 5pm.**