

## 2025–2026 Edward T. Conroy Memorial Scholarship

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The Edward T. Conroy Memorial Scholarship Program provides financial aid to:

- o 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;
- o 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;
- o 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;
- o 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;
- o 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;
- o 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;
- o 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 Maryland, with the exception of children of State or local public safety employees who died in the line of duty. The amount of the Edward T. Conroy award is tuition and mandatory fees at the institution you attend. Award amounts may not reflect subsequent tuition and fee increases made throughout the academic year.

The total dollar amount of all State scholarship awards may not exceed your cost of attendance, as determined by your school's financial aid office, or \$28,000, whichever is less. Awards to the sons, daughters or spouses of victims of the September 11, 2001, terrorist attacks may not exceed your cost of attendance, as determined by your school's financial aid office, or \$28,000, whichever is less, when combined with any other scholarships received by a student based on the student's status as a child or spouse of a victim of the September 11, 2001 terrorist attacks.

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.

Application Process: Initially 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, 2025**. Late applications will be considered as long as funds are available.

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 at the institution the recipient attends, and the number of eligible applicants. Late applications will be accepted; however, awards will only be made on the basis of available funds.

**NOTE: Awards are subject to the availability of funds.**

**Return application by:**

- Secure File Upload: Use the ‘Upload a Document’ link at [Financial Aid Forms](#)
- Fax: 410-837-5493
- Email: [financialaid@ubalt.edu](mailto:financialaid@ubalt.edu)
- Mail:  
The University of Baltimore  
Office of Financial Aid  
Welcome Center, First Floor  
101 W. Mount Royal Ave.  
Baltimore, MD 21201
- Please send all attachments in a single PDF document

## 2025–2026 Edward T. Conroy Memorial Scholarship

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Complete and return this form with ALL supporting documentation by **July 15, 2025.**

**SECTION A - Applicant Information:**

(Please Print)

1. UBalt I.D. 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 ever received this scholarship in the past?  Yes  No Year received: \_\_\_\_\_
  
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 2025-2026 academic year: \_\_\_\_\_
2. Degree sought: \_\_\_ Undergraduate \_\_\_ Graduate Anticipated date of graduation \_\_\_/\_\_\_/\_\_\_
3. In Fall 2025, 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 2026, 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 or suffered a 100% service connected disability as a result of military service in the United States armed forces; or, a State or local public safety employee or volunteer who was killed or suffered a 100% service connected in the line duty; 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 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 information by the  
Print full name of disabled person  
Veterans' Administration or the State or local public safety personnel office to the Office of Student Financial Assistance.

\_\_\_\_\_  
Disabled person's signature Date

**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

## SECTION F - Required Documentation

### No application will be considered without the following materials:

- o This completed application – Make sure you completed all required sections.
- o 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 or 100 percent disabled 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.
- o 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).
- o Copy of your **parent's marriage certificate** (if you are the stepchild of a deceased or 100% disabled public safety employee or a deceased or 100% disabled veteran).
- o Copy of **death certificate**.
- o 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. (If you are unable to provide a verification letter, Section E is required.)
- o 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. (If you are unable to provide a verification letter, Section C and E are required.)
- o Verification that 100 percent disability was from a service connected disability as a result of military service. (Section C and Section E required. Note: A copy of the disabled veteran's award letter may be provided instead of Section E.)
- o If you have received the Edward T. Conroy scholarship at another institution, you must submit a billing invoice and/or financial aid package for each semester you received the Conroy scholarship.

### NOTES:

- **Deadline:** Application and all required documentation must be received by **July 15, 2025**.
- Do not send original certificate(s). They cannot be returned.
- Application submission without ALL supporting documentation will not be accepted

### Return application by:

- Secure File Upload
- Fax: 410-837-5493
- Email: [financialaid@ubalt.edu](mailto:financialaid@ubalt.edu)
- Mail:

The University of Baltimore  
Office of Financial Aid  
Welcome Center, First Floor  
101 W. Mount Royal Ave.  
Baltimore, MD 21201