Stevenson University
Financial Aid Office
100 Campus Circle
Owings Mills, MD 21117
Phone: 443-334-3200
Fax: 443-352-4370
Email: financial-aid@stevenson.edu

Edward T. and Mary A. Conroy & Jean B. Cryor Memorial Scholarship Application

To be considered for the Conroy scholarship, you must upload your completed application and supporting documentation here no later than July 15th. Late applications cannot be considered. For information security purposes, application and materials cannot be accepted by email or post.

SECTION A - Applicant Information:

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4. In the Fall semester, I plan to enroll (select one):

   _____ Full Time (12+ credits/semester for undergraduate; 9+ credits/semester for graduate)
   _____ Part Time (6-11 credits/semester for undergraduate; 6-8 credits/semester for graduate)
   How many credits do you plan to take in the Fall semester (please put a numeric amount)? _____

5. In the Spring semester, I plan to enroll (select one):

   _____ Full Time (12+ credits/semester for undergraduate; 9+ credits/semester for graduate)
   _____ Part Time (6-11 credits/semester for undergraduate; 6-8 credits/semester for graduate)
   How many credits do you plan to take in the Spring semester (please put a numeric amount)? _____

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. Name of person killed or disabled: _____

3. Relationship of applicant to person killed or disabled: _____

4. Branch of United States Armed Forces or name of public safety facility in which the person was killed or disabled served, if applicable:
   _____

5. Date of Death _____ /_____ /_____ OR Date of 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 eligible for this scholarship program because you are the son, daughter, or surviving spouse of a victim of the September 11, 2001 terrorist attacks (deceased as a result of the attacks on the World Trade

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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.

_____ _____
Name of authorized official (print) *Signature*

_____ _____
Title *E-mail*

_____
Address

_____ _____ _____ _____
City *State* *Zip Code* *Date*

SECTION H - Required Documentation

No application will be considered without the following materials:

- Completed application form. 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. Stepchildren must also submit a copy of their parent's marriage certificate.
- 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 if spouse of deceased public safety employee or volunteer or of deceased victim of the September 11, 2001 terrorist attacks.
- 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 aw(100) (b)- ơ sabct 1c