

	<p>2026-2027</p> <p>Edward T. and Mary A. Conroy Memorial Scholarship Jean B. Cryor Memorial Scholarship</p>	<p>Student Financial Services 1021 Dulaney Valley Road Baltimore, Maryland 21204-2794 P: 410-337-6141 F: 410-337-6504 E: finaid@goucher.edu</p>
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Complete and return this form by July 15, 2026.

A: Applicant Information

1. Last Name: _____ First Name: _____ MI: _____
Previous name under which records may be kept: _____
2. Social Security Number: _____ Date of Birth: _____
Goucher ID Number: _____
3. Address: _____
City: _____ State: _____ Zip Code: _____
4. Telephone Number: _____ Email Address: _____
5. Are you a Maryland Resident? Yes No
6. Have you applied for this scholarship in the past? Yes No Year applied: _____

Please check one that applies:

- Son, daughter, stepchild, 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 service-connected 100% permanent disability as result of military service
- A Veteran, as defined under § 9–901 of the State Government Article, Annotated Code of Maryland, who suffers a service-connected 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 (Must have been a resident of MD at the time you were declared a POW or MIA)
- Son, daughter, or stepchild of POW/MIA of the Vietnam Conflict

Please Note: POW/MIA children must have been a resident of Maryland at the time the person was declared to be a prisoner of war or missing in action

- Son, daughter, stepchild, or surviving spouse (who has not remarried) of a victim of the September 11, 2001 terrorist attacks who died as a result of the attacks on the World Trade Center in New York City, the attack on the Pentagon in Virginia, or the crash of United Airlines Flight 93 in Pennsylvania
- Son, daughter, stepchild, or surviving spouse (who has not remarried) of a state or local public safety employee or volunteer who died in the line of duty, or sustained an injury in the line of duty that rendered the public safety employee or volunteer 100% disabled
- State or local public safety employee or volunteer who was 100% disabled in the line of duty

Please Note: Public safety employee or volunteer must have been a resident of Maryland at the time the person was declared 100% disabled

- Son, daughter, stepchild, or surviving spouse (who has 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

Section B: Current College/ University Information:

1. Name of the Maryland Institution that you will attend in 2026-2027 academic year: Goucher College
Degree sought: Undergraduate Graduate Anticipated date of graduation: _____
2. In the Fall 2026 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 students; 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)
3. In the Spring 2027 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 students; 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 the person killed or disabled: _____ First Name: _____ MI: _____
3. Relationship of applicant to person killed or disabled: _____
4. Branch of the United State 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 currently receiving any other student financial aid fund 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)
Scholarship Name: _____ Amount: \$ _____
Scholarship Name: _____ Amount: \$ _____

Section D: Military Personnel (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 use a separate sheet of paper to explain the circumstances of the death or disability, the cause, and why is it considered service connected.

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 Financial Aid.

Disabled Person's Signature: _____ Date: _____

Section E: Agency Certification

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%* disability rating, and his/her diagnostic codes are:
(name of disabled person)

Codes: _____ Percentage(s): _____

*Veterans must be classified as 100% disabled (i.e., cannot be 90% disabled, but 100% unemployable)

In the case of 25 percent disabled military personnel:

_____ has a 25% (or more) disability rating, and his/her diagnostic codes are:
(name of disabled person)

Codes: _____ 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.

Name of authorized official

Signature

Title

Email

Address

Phone Number

City

State

Zip Code

Date

Section F: School Employee (If applicable)

The following information pertains to the family member who was a school employee and as a result 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.

Part A - To be completed by school employee or family member of school employee

- 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. Name of the school in which the person killed or disabled served: _____
- 5. Date of death or disability: _____
- 6. Address at date of death/disability: _____
 City: _____ State: _____ Zip Code: _____
- 7. Are you currently receiving any other student financial aid fund because you are the child or spouse of a school employee victim? Yes No
 (If yes, please list scholarship name(s) and amount(s):

Scholarship Name: _____ Amount: \$ _____
 Scholarship Name: _____ Amount: \$ _____

Part B -

Please provide copies of Workman’s Compensation or other documentation detailing the death or disability of the school employee.

- I am able to provide the requested information and it is attached.
- I am unable to provide the requested information.

SECTION G - 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

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, then mail, fax, or scan and e-mail.)

Maryland Resident Requirements

Applicants must be a Maryland resident at the time of application with the exception of the following individuals:

- A son, daughter, stepson, or stepdaughter of any state or local public safety employee killed in the line of duty
- The surviving spouse of any state or local public safety employee killed in the line of duty
- A disabled public safety employee
- A son, daughter, stepson, or stepdaughter of a disabled public safety employee who sustains an injury in the line of duty that renders the public safety employee 100% disabled
- The surviving spouse of a disabled public safety employee who sustains an injury in the line of duty that renders the public safety employee 100% disabled

Required Documentation

Applications will not be considered without the following materials:

- Complete **2026-2027 Edward T. Conroy Memorial application**. Make sure you have completed all necessary sections.
- Copy of your **birth certificate** showing names of both parents if you are the son, daughter, or stepchild of a deceased or 100% disabled military person, POW/MIA of the Vietnam Conflict, deceased or 100% disabled public safety employee or volunteer, deceased victim of the September 11, 2001 terrorist attacks, or a deceased or 100% disabled school employee.

(Copies may be obtained from the State Department of Vital Records)

- Copy of your **parents' marriage** certificate showing names of both biological and step parent if you are the stepchild of a deceased or 100% disabled military person, POW/MIA of the Vietnam Conflict, deceased or 100% disabled public safety employee or volunteer, deceased victim of the September 11, 2001 terrorist attacks, or a deceased or 100% disabled school employee.
- Copy of your **marriage certificate** (if spouse of deceased or disabled public safety employee or volunteer, deceased victim of the September 11, 2001 terrorist attacks, deceased or disabled school employee, or deceased or disabled military personnel).
- Copy of **death certificate** (if deceased military personnel, 9/11 victim, public safety employee, or school employee).
- Verification that you are 25% disabled from a service connected disability as a result of military service and exhausted, or are no longer eligible for, federal veterans' educational benefits. **(Section E required)**
- Verification that 100% disability was from a service connected disability as a result of military service. **(Section E required)**
- Verification that death as a result of public safety service, or 100% disability was in the line of duty for a public safety employee or volunteer. **(Section E required)**
- Verification that 100% disability or death of a school employee was a result of violence and sustained in the line of duty. **(Section F required)**

NOTE: Do not send original certificate(s); they cannot be returned.

**All complete applications must be submitted by July 15, 2026 to Goucher College Student Financial Services.
See mailing address at top of form, or you may scan and upload through our web page:**

<https://www.goucher.edu/faupload>