Edward Conroy
Scholarship Application
2016-2017

Bowie State University
Complete and return this form by July 22, 2016.

SECTION A - Applicant Information:  (Please Print)

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: ____________


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 2016-2017 academic year:____________________

2. Degree sought: ___ Undergraduate  ___ Graduate Anticipated date of graduation: _____/_____/_______

3. In Fall semester 2016, 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 2017, 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)

   (Over, please)
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 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 – (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.

_________________________________________________________ Date
Signature of applicant

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 Veterans' Administration or the State or local public safety personnel office to the Office of Student Financial Assistance.

_____________________________ Date
Disabled person's signature

Print full name of disabled person
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% 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 H - Required Documentation

No application will be considered without the following materials:

o Completed application for the 2016-2017 academic year. Make sure you have completed all necessary 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 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).

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

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

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

**Application must be received by July 22, 2016 at:**

Bowie State University  
Office of Financial Aid  
14000 Jericho Park Rd.  
Bowie, MD 20715  
Fax 301-860-3549