

_____ *th. Late applications cannot be considered. For information security purposes, application and materials cannot be accepted by email or post.*

SECTION A - Applicant Information: (Please Print)

1. Social Security Number: _____ - _____ - _____

2. Date of birth: ____/____/____

3. Last name: _____ First name: _____ MI: _____

Previous name(s) under which records may be kept:

4. Permanent mailing address:

City: _____ State: _____ Zip code: _____

5. Home phone: _____ Work phone: _____

6. E-mail address: _____

7. Are you a Maryland resident? ____ Yes ____ No

8. Have you applied for this scholarship in the past? ____ Yes ____ No

If yes, list previous year(s) applied: _____

9. Has someone else in your family received this scholarship? ____ Yes ____ No

If yes, list name(s) of family members who have received (or are currently receiving) this scholarship:

SECTION B - Current College/University Information:

1. Complete name of the Maryland institution you will attend



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 who4.94t058 (y)10.9H (st)3.99 ki (o t)-458 (y)10.9l (er1.004d a



9. 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



SECTION G - To be completed by the Veterans' Administration or the State or local public safety personnel office.

Option 1: In the case of 100% disabled military personnel:

_____ has a 100%* 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).*

Option 2: In the case of 25% (or more) disabled military personnel:

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

Code(s): _____ Percentage(s): _____

Option 3: In the case of deceased or 100% 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 (print)



SECTION H - Required Documentation

Application will not be considered without the following materials:

1. Completed application form. Make sure you have completed all necessary sections.
2. Copy of your birth certificate showing names of both parents if you are the son or daughter of a deceased or 100% disabled military person, POW/MIA of the Vietnam Conflict, deceased or 100% 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.
3. Copy of your marriage certificate if you are the spouse of a member of the United States Armed Forces who suffered a service-connected 100% permanent disability as result of military service or spouse of public safety employee or volunteer who has died or received 100% disability from an injury in the line of duty.
4. Copy of death certificate if spouse of deceased public safety employee or volunteer or of deceased victim of the September 11, 2001 terrorist attacks.
5. Verification that you are 25% disabled from a service-connected disability as a result of military service and have exh
(Section G required), if you are a disabled veteran.
6. Verification that 100% 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.*
7. Verification that death as a result of military service or that death was in the line of duty for a public safety employee or volunteer (Section C and Section G required).
8. Verification that 100%