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Awards may be held for five years of full time (12 or more



**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 of duty, 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

