Dear Applicant:

Thank you for your interest in the Michael J. Buda Scholarship. Mr. Buda was a former EMS parent, a professional educator, and great supporter of education. Described as a great man, one of conscience and convictions, always adaptable, and calm, Mr. Buda valued scholarship and equity for all in his teaching career and his life. To honor his memory, the Buda family established this \$1,000 renewable scholarship awarded each year to one student completing the Enfield Montessori School program and enrolling in Chiaravalle Academy.

All sixth-year students are welcome to apply. Applications will be reviewed by a committee of administrators with input from teachers. The criteria for the award will be established annually and a summary of the recipient's application presented to the Buda family prior to the award being made.

Please complete the form below to be considered for this award.

1. APPLICAN	NT'S PERSONAL	INFORMATION (please	e print.)	
Name	First			
	First	Middle	Last	Preferred Name
Home Address	Street and Number			
	Street and Number	City	State	Zip Code
Cell Phone		Email Address:		Entrance Year: 20
2. APPLICA	NT'S STATEMEN	T (To be completed by the	ne applicant – please pr	rint.)
		ant at the Enfield Montes value during your time at		ect one Core Value and describe an
-				

3. I	PARENT/GUARDIAN STATEMENT (To be completed by a parent or guardian – please print.)
	te share why you would like the candidate to attend Chiaravalle Academy in terms of the impact to your child's re academic success.
6. 8	SIGNATURES (To be completed by parent or guardian.)
Signa	ature of Parent/Guardian 1
Signa	ature of Parent/Guardian 2