



# THE VICKI SOTO MEMORIAL SCHOLARSHIP Application Instructions

The eligible applicant must:

- Be a full-time senior student at an accredited 4-year high school graduating in the spring of 2026.
- Intend to pursue a career in education at an accredited college.
- Embody Vicki and who she was as an educator.

Applicant must complete and submit the following **by April 1, 2026:**

- An official copy of a high school transcript, including grades through the last reporting period.
- A letter of recommendation from one of your current teachers.
- Answers to our committee's essay question.

Application Review Process:

The Scholarship Committee will consider several factors, including:

- The applicant's academic performance is indicated by grade point average and class rank.
- The variety and extent of the applicant's involvement in community and extracurricular activities.
- The creativity, clarity, MLA writing style, and grammar of the applicant's responses to our questions.
- As needed, interview over the phone or Skype/FaceTime with members of the scholarship committee at a time and date to be set by the committee.
- All signatures must be obtained for your application to be complete.

The finished application must be sent to the following address **by April 1, 2026:**  
The Vicki Soto Memorial Fund, Inc. 158 Knowlton St. Stratford, CT 06615  
or you may email it as a pdf file to [Donna@Vickisoto.org](mailto:Donna@Vickisoto.org)

*We take pride in giving out this scholarship honoring Vicki. We expect all applicants to know who Vicki was and what this scholarship stands for. Our winners should exemplify their spirit and love of education and life. Please feel free to learn more about Vicki's legacy and the Vicki Soto Memorial Foundation at [www.teamvickisoto.com](http://www.teamvickisoto.com)*

## **MLA FORMATTED ESSAY PORTION**

Please respond to the following question in a 1-2 page essay following MLA formatting. Answers should be detailed and give our scholarship committee a glimpse into who you are.

*"Explain what being a scholarship recipient would mean to you and how you would represent Vicki's legacy inside and outside the classroom."*

## **GENERAL INFORMATION**

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Birthday:

How did you hear about this scholarship?

## **SCHOOL INFORMATION**

School:

Address:

City:

State:

Zip:

Phone:

Year of Graduation:

School counselor's name:

Phone or email of counselor:

University you will be attending:

Degree program:

What grade and subject would you like to teach:

## **ACHIEVEMENTS AND ACTIVITIES**

On a separate sheet please list your:

- School Honors, Awards, and Activities
- Leadership Experience
- Community Service Activities and Awards

\*You may submit a resume for these requirements.

# CONFIDENTIAL

## GUARDIAN 1

Home address:

Employer name and address:

## GUARDIAN 2

Home address:

Employer name and address:

Do you own or rent your home?

Annual Income (Line 15 - IRS for 1040A:

Approximate total indebtedness:

Approximate annual family & home expenses:

Number of children:

Ages of children:

Number of children in college, private or parochial school currently:

SIGNED: \_\_\_\_\_

(Parent/Guardian)

\_\_\_\_\_ Date

\_\_\_\_\_  
Print Name

*ONLY THE BOARD MEMBERS WHO ARE CHARGED WITH THE RESPONSIBILITY OF THE SCHOLARSHIP AWARD WILL VIEW THIS DOCUMENT. IT WILL BE DESTROYED.*

# CERTIFICATION OF APPLICATION

## CERTIFICATION BY SCHOOL COUNSELOR

I have reviewed the academic information provided by the applicant in this application, and I attest that, to the best of my knowledge, it is accurate.

School counselor: \_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## CERTIFICATION BY APPLICANT

I certify that the information provided on this application is complete and correct to the best of my knowledge. I certify that if I am chosen as a scholarship recipient, I will use the funds only for expenses related to my education in an institution of higher learning in the United States.

Applicant: \_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Print Name

## PERMISSION TO USE SENIOR PICTURE

By signing here, you allow the Vicki Soto Memorial Fund, Inc. to use your senior picture or pictures from awards night on the official Vicki Soto Memorial website and any other publications for the fund.

Applicant: \_\_\_\_\_