

THE VICKI SOTO MEMORIAL SCHOLARSHIP Connecticut Application

Application Instructions

Eligible applicant must:

- Be a senior at an accredited 4-year High School.
- Applicant must be enrolled in a fully accredited secondary school, attend classes and carry the minimum number of credit hours necessary to be a full-time student as defined by the student's high school's registrar.
- Applicant must be intending to pursue a career in the field of education at an accredited college.

Applicant must complete and submit the following by April 16, 2022:

- An official 2022 Vicki Soto Memorial Scholarship Application, available from the school guidance office or online at www.teamvickisoto.com
- An official copy of a high school transcript, including grades through the last reporting period.
- Letters of recommendation from a current teacher.
- SAT/ACT test result to the extent the student has taken one or both exams and has received test results. Any official communication/email/print-out is sufficient to show the test results.
- Transcript and Letters of recommendation must be in a sealed envelope from school.

Finished application must be sent to the following address and received by April 16th, 2022:

The Vicki Soto Memorial Fund, Inc. 158 Knowlton St Stratford, CT 06615.



Application Review Process

In reviewing each application and selecting the 2022 Vicki Soto Memorial Scholarship winners, the committee will consider a number of factors, including:

- The applicant's academic performance, as indicated by grade point average, class rank and the number, variety and difficulty of courses taken (such as AP and honors classes).
- The applicant's academic performance, as indicated by academic honors, awards, and designations.
- The variety and extent of the applicant's involvement in community and extracurricular activities.
- The applicant's leadership activities.
- The creativity, clarity, 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.
- Completion of this application; <u>all signatures</u> must be obtained by guidance and applicant.

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 her spirit and love of education and life.



THE VICKI SOTO MEMORIAL SCHOLARSHIP APPLICATION

GENERAL INFORMATION

Name:						
Address:						
City:				State:	Zip:	
Phone:				_ Email:		
Birthdate:	Month	Day	Year	.		
SCHOOL INFORMATION						
School:						
Address:						
City:				State:	Zip:	
Phone:				_ Year of Gra	duation:	
Guidance Counselor's Name:						
Phone or email of Counselor:						
University you will be attending						



School Honors, Awards, and Activities:					
GENERAL INFORMATION					
Leadership Experience:					
Ecuacionip Experience.					
Community Service Activities and Awards:					

*We understand that due to the pandemic the following extracurricular activities, leadership experiences and community service opportunities may have been limited.



CONFIDENTIAL

VICKI SOTO MEMORIAL SCHOLARSHIP APPLICATION

GUARDIAN 1:
HOME ADDRESS:
EMPLOYED BY:
EMPLOYER'S ADDRESS:
GUARDIAN 2:
EMPLOYED BY:
EMPLOYER'S ADDRESS:
DO YOU OWN OR RENT YOUR HOME?
ANNUAL INCOME (LINE 15 - IRS FORM 1040A):\$
APPROXIMATE TOTAL INDEBTEDNESS:\$
APPROXIMATE ANNUAL FAMILY & HOME EXPENSES: \$
NO. OF CHILDREN:
AGES OF CHILDREN:
NUMBER OF CHILDREN IN COLLEGE, PRIVATE OR PAROCHIAL SCHOOLS AT THIS TIME:
SIGNED:
(Parent)



NOTE:

THIS FORM WILL BE SEEN ONLY BY THE BOARD MEMBERS OF THE SCHOLARSHIP COMMITTEE WHO ARE CHARGED WITH THE RESPONSIBILITY OF MAKING THE SCHOLARSHIP AWARD AND WILL THEN BE IMMEDIATELY DESTROYED.

Essay Question:

In your own words tell our scholarship committee what makes a good teacher, and what drives you to pursue a degree in the field of education?

• Your response should be in an **MLA formatted** essay 2-3 pages in length.



Certification of Application

CERTIFICATION BY SCHOOL GUIDANCE 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.

Guidance Counselor	•• •	
	Signature	Date
	Print Name	Title
CERTIFICATION E	BY APPLICANT	
my knowledge. I furth	ner certify that if I am chosen as	ion is complete and correct to the best of a scholarship recipient, I will use the funds tion of higher learning in the United
Applicant:		
	Signature	Date
	Print Name	Date
PERMISSION TO U	JSE SENIOR PICTURE	
, , ,	allow the Vicki Soto Memoria rds night on the official Vicki	al Fund, Inc. to use your senior picture Soto Memorial website.
Applicant:		
	Signature	Date
Parent or Guardian:		
	Signature	Date