



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 2023.
- Intend to pursue a career in the field of education at an accredited college.
- Embody Vicki and who she was as an educator.

Applicant must complete and submit the following:

- 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 four essay questions.

The finished application must be sent to the following address and received by May 1, 2023:

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

Application Review Process

The Scholarship Committee will consider several factors, including:

- The applicant's academic performance as 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, 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; all signatures 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: _____

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Phone: _____ Email: _____

Birthdate: _____

How did you hear about this scholarship? _____

SCHOOL INFORMATION

Scholarship applying for:	Stratford High School	Connecticut State
	Bunnell High School	Nationwide

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Year of Graduation: _____

Guidance Counselor's Name: _____

Phone or email of Counselor: _____

University you will be attending: _____

Degree program: _____



School Honors, Awards, and Activities:

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Leadership Experience:

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Community Service Activities and Awards:

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*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/Guardian)

The board members will only see this form of the scholarship committee who are charged with the responsibility of the scholarship award and will then be destroyed.



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 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 Date

PERMISSION TO USE SENIOR PICTURE

By signing this, 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: _____
Signature Date

Parent or Guardian: _____



Signature

Date

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Responses to the Scholarship Committee. Please respond to the following four essay questions in 300-350 words MLA formatted for each question.

1. What made you want to become a teacher? What inspires you to go into the field?
2. What is your ultimate goal for being a teacher? What do you want your students to take from your class and you?
3. What role do you think diversity, equity, and inclusion initiatives should play in your classroom and school?
4. What is something not on your application that we should know about you?