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 2024.
• 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, 2024:
• 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.
• 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 their spirit and love of education and life.

The finished application must be sent to the following address and received by April 1, 2024: The Vicki Soto Memorial Fund, Inc. 158 Knowlton St Stratford Ct 06615.
THE VICKI SOTO MEMORIAL SCHOLARSHIP

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: ____________

Guidance Counselor’s Name: ________________________________

Phone or email of Counselor: ________________________________

University you will be attending: ________________________________

Degree program: ________________________________

What grade and subject do you wish to teach? ________________________________

____________________________________________________________________

____________________________________________________________________
School Honors, Awards, and Activities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Leadership 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.
THE VICKI SOTO MEMORIAL SCHOLARSHIP
CONFIDENTIAL

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

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
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.”

Please feel free to learn more about Vicki’s legacy and the Vicki Soto Memorial Foundation at www.teamvickisoto.com