THE VICKI SOTO MEMORIAL SCHOLARSHIP

Application Instructions for Renewable Scholarship

An eligible applicant must:

· Be a graduate who was previously awarded the Vicki Soto Memorial Scholarship.
· Maintain a 3.0 GPA (based on a 4.0 scale) as a full-time student at a fully accredited college during the 2023-2024 academic school year.
· Demonstrate active involvement in the community and pursue a full-time career in education.

Applicant must complete and submit the following by May 1, 2024:

· An official 2024 Vicki Soto Memorial Renewable Scholarship application form is available online at www.vickisotomemorial.com.
· An official transcript of grades for the past academic school year.
· An official document that states your declared major or intent to declare.
· A summary of why you should get this scholarship renewed and your current involvement in community service activities and athletics.

Application Review Process:
In reviewing each renewal application, our scholarship committee will consider several factors, including:

· The applicant’s academic performance, as indicated by grade point average and the variety and difficulty of education major-related coursework.
· The variety and extent of the applicant’s involvement in community, extracurricular, and leadership activities.
· Completion of this application; applicant requires all signatures.

The finished application must be sent to the following address and received by May 1, 2024: The Vicki Soto Memorial Fund, Inc. 158 Knowlton St Stratford Ct 06615.
We take pride in giving out this renewable scholarship honoring Vicki. We expect all applicants to pursue a major in education with the intention of graduating college and teaching. We expect the winners to represent this scholarship with honor and dignity. We hope that all winners of the renewable scholarship will actively communicate with the scholarship committee regularly with updates on student teaching, college life, and general awards/accolades. Our winners should exemplify Vicki’s spirit and love of education and life.

General Information:

Name:__________________________ Email:____________________________________

Address:__________________________________ City:_________ State:___________

Zip Code:__________

University:_______________________________________________________________

Address:_______________________ City:________________ State:___________________

Degree Program:___________________________________________________________

Intended position (Grade level and subject):_____________________________________  

Please list the community service activities that you have participated in this past academic school year:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Please list any athletic or extracurricular programs you are enrolled in or participated in in the past school year:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please give us a brief statement of why we should consider you for the scholarship renewal:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
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 for a renewable scholarship, 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                                      Title

- PERMISSION TO USE PICTURE

By signing this, you allow the Vicki Soto Memorial Fund, Inc. to use your picture on the official Vicki Soto Memorial website and any other publications for the fund.

Applicant:__________________________________________________________________________
                                          Signature                                        Date