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: ________________

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:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

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

**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: ________________________________________________
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?