



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 2025.
- 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, 2025:

- 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.

The finished application must be sent to the following address by April 1, 2025:

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 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.

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: _____

School counselor's name: _____

Phone or email of counselor: _____

University you will be attending: _____

Degree program: _____

What grade and subject would you like to teach: _____

ACHIEVEMENTS AND ACTIVITIES

Please list your:

- School Honors, Awards, and Activities
- Leadership Experience
- Community Service Activities and Awards

***You may submit a resume for these requirements.**

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

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)

**ONLY THE BOARD MEMBERS WHO ARE CHARGED WITH THE
RESPONSIBILITY OF THE SCHOLARSHIP AWARD WILL VIEW THIS
DOCUMENT AND IT WILL THEN BE DESTROYED.**

Certification of Application

CERTIFICATION BY SCHOOL 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.

School 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