



# THE VICKI SOTO MEMORIAL SCHOLARSHIP

## Connecticut Application Instructions

### **Eligible applicant must:**

- Be a full-time senior student at an accredited 4 year high school graduating in the spring of 2017.
- Have maintained at least a 3.4 GPA (based on a 4.0 scale) during the 2016-2017 academic school year. We will consider those students with a GPA of 3.0 or greater if other qualifications are met.
- Applicant must be enrolled in a fully accredited secondary school, attend classes and carry the minimum number of credit hours necessary to be a full-time student as defined by the student's high school's registrar.
- Applicant must be intending to pursue a career in the field of education at an accredited college.

### **Applicant must complete and submit the following by May 1, 2017:**

- An official 2017 Vicki Soto Memorial Scholarship Application, available online at [www.vickisotomemorial.com](http://www.vickisotomemorial.com).
- SAT/ACT test results to the extent the student has taken one or both exams and has received the test results. Any official communication/email/print-out is sufficient to show the test results.
- 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 or a guidance counselor.
- Transcript and letter of recommendation must be in a sealed envelope from school.

- Written essay that should be no more than 500 words MLA formatted.
- Finished application must be sent to the following address and received **by May 1, 2017**:

The Vicki Soto Memorial Fund, Inc.  
Stratford Post Office, P.O. Box 411  
411 Barnum Avenue  
Stratford, CT 06614

### **Application Review Process**

Our Scholarship Committee will review each completed application.

In reviewing each application and selecting the 2017 Vicki Soto Memorial Scholarship winners, the committee will consider a number of factors, including:

- The applicant's academic performance, as indicated by grade point average, class rank and the number, variety and difficulty of courses taken (such as AP and honors classes).
- The applicant's academic performance, as indicated by academic honors, awards, and designations.
- The variety and extent of the applicant's involvement in community and extracurricular activities.
- The applicant's leadership activities.
- The creativity, clarity, writing style and grammar of the applicant's essay.
- 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.

#### **Essay Topic**

Vicki Soto was a creative teacher who inspired and had a lifelong impact on her students. How do you plan on achieving the same as a teacher?

**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:

Month	Date	Year

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: \_\_\_\_\_

School Honors, Awards, and Activities: \_\_\_\_\_

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Leadership Experience: \_\_\_\_\_

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Community Service Activities and Awards: \_\_\_\_\_

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## 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 further 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