



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 2020.
- Have maintained at least a 3.0 GPA (based on a 4.0 scale) during the 2019-2020 academic school year.
- 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 April 1, 2020:

- An official 2020 Vicki Soto Memorial Scholarship Application, available online at 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
- Answers from our committee's questions.
- Transcript and letter of recommendation must be in a sealed envelope from school.

Finished application must be sent to the following address and received by April 1, 2020:

**The Vicki Soto Memorial Fund, Inc.
158 Knowlton St
Stratford Ct 06615.**

Application Review Process

In reviewing each application and selecting the 2020 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 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.

Questions From Our Committee.

Please respond to each question with approximately 200 words

- What do you want to teach?
- As a teacher, give a specific example of how will you handle the issue of bullying in your classroom?
- Tell us about your family relationships and what they mean to you.
- What was a pivotal moment when you just knew you wanted to be a teacher?

THE VICKI SOTO MEMORIAL SCHOLARSHIP APPLICATION

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birthdate:

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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: _____

Leadership Experience: _____

Community Service Activities and Awards: _____

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)

NOTE: THIS FORM WILL BE SEEN ONLY BY THE BOARD MEMBERS OF THE SCHOLARSHIP COMMITTEE WHO ARE CHARGED WITH THE RESPONSIBILITY OF MAKING THE SCHOLARSHIP AWARD AND WILL THEN BE IMMEDIATELY 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 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