



## Aldinger Scholarship Fund

*Our mission is to provide opportunities to children, youth, and families to become more responsible for their own lives and to strengthen their relationships with others.*

Highfields awards Aldinger Scholarships for up to \$1,500.00 to individuals who have received services or have a family member who has received services through Highfields.

The purpose of this fund is to support individuals to pursue educational opportunities, including, but not limited to, adult education or enrichment programs, college courses, vocational training programs and trade schools.

The Aldinger Scholarship was created in 1996 in the name of local philanthropist, John Aldinger. Aldinger was a successful businessman who believed in the power of education. He made generous contributions to Highfields before his death in 1995.

Highfields will award several scholarships annually depending on the availability of funds. Each scholarship application will be reviewed by the Endowment Committee and in special circumstances additional funds may be made available. Funds that are approved will be sent directly to the educational institution in the applicants' name.

Our hope is to use these funds to help individuals and families we have served gain additional educational opportunities.

To apply for a scholarship, please submit an application by **Friday, March 15, 2019**.

Please mail the Application to:

**The Aldinger Scholarship Fund  
Highfields, Inc.  
5123 Old Plank Road  
Onondaga, MI 49264**

Sincerely,

Brian D. Philson, LMSW, ACSW  
President and CEO  
Highfields, Inc.

# Aldinger Scholarship Application

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## Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_(\_\_\_\_)\_\_\_\_\_ Work Phone \_(\_\_\_\_)\_\_\_\_\_ Cell \_(\_\_\_\_)\_\_\_\_\_  
Email Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Participant Involved with Highfields \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_ (i.e. – yourself, your child, sibling, etc.)  
Highfields Program Participated In \_\_\_\_\_  
Dates of Participation \_\_\_\_\_

Please give a brief statement regarding your involvement/adjustment in the community since your participation in the Highfields program. If you did not directly participate in a program, please give a statement about your current involvement in the community and how it relates to Highfields.

## Detailed statement describing your need for this scholarship

Please include this specific information in your statement of need:

- The educational program you are pursuing (institution, program and contact person)
- Your educational goal
- The total cost of this program
- The amount of funds you are seeking from this scholarship (up to \$1,500.00)
- The time frame in which this scholarship is needed
- Other funds you have obtained or are applying for
- Why should your request be approved by the committee

Use a separate sheet if needed.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate loss of scholarship.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.