



## **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 \$1,000 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 no later than Friday, March 13, 2020.**

**Please send the Application to:  
The Aldinger Scholarship Fund  
Highfields, Inc.  
5123 Old Plank Road  
Onondaga, MI 49264  
Fax: 517-628-2257  
Email: [dlrowen@highfields.org](mailto:dlrowen@highfields.org)**

Sincerely,

Brian D. Philson, LMSW, ACSW  
President and CEO

# Aldinger Scholarship Application



| Applicant Information  |              |             |                          |                      |              |            |
|--|--------------|-------------|--------------------------|----------------------|--------------|------------|
| <b>Name</b>  |              |             |                          |                      |              |            |
| <b>Address</b>   |              | <b>City</b> |                          | <b>State</b>         |              | <b>ZIP</b> |
| <b>Phone</b>   | <b>Home:</b> |             | <b>Work:</b>             |                      | <b>Cell:</b> |            |
| <b>Email</b>   |              |             |                          | <b>Date of Birth</b> |              |            |
| <b>Name of Participant Involved with Highfields</b>  |              |             |                          |                      |              |            |
| <b>Your Relationship to Participant</b>  |              |             |                          |                      |              |            |
| <b>Highfields Program Participated In</b>  |              |             |                          |                      |              |            |
| <b>Dates of Participation</b>  |              |             | <b>Highfields Worker</b> |                      |              |            |
| 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.  |              |             |                          |                      |              |            |
| Brief statement regarding your involvement/adjustment in the community.  |              |             |                          |                      |              |            |
| 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 \$1,000)
- 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.

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