

# 2012 PTI AMSYSCO Scholarship Application



Name \_\_\_\_\_

### PRIMARY ADDRESS:

Please indicate dates when this address should be used: from \_\_\_\_\_ to \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### ALTERNATE ADDRESS:

Please indicate dates when this address should be used: from \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

List in chronological order, all institutions of higher education attended. Begin with the institution(s) that you are attending during the Winter/Spring 2012 award year.

|                          |  |
|--------------------------|--|
| Name of Institution      |  |
| Location                 |  |
| Major                    |  |
| Cumulative GPA           |  |
| Credit Hours Completed   |  |
| Degree Awarded and Date  |  |
| Degree Expected and Date |  |

|                          |  |
|--------------------------|--|
| Name of Institution      |  |
| Location                 |  |
| Major                    |  |
| Cumulative GPA           |  |
| Credit Hours Completed   |  |
| Degree Awarded and Date  |  |
| Degree Expected and Date |  |

Name: \_\_\_\_\_

|                          |  |
|--------------------------|--|
| Name of Institution      |  |
| Location                 |  |
| Major                    |  |
| Cumulative GPA           |  |
| Credit Hours Completed   |  |
| Degree Awarded and Date  |  |
| Degree Expected and Date |  |

|                          |  |
|--------------------------|--|
| Name of Institution      |  |
| Location                 |  |
| Major                    |  |
| Cumulative GPA           |  |
| Credit Hours Completed   |  |
| Degree Awarded and Date  |  |
| Degree Expected and Date |  |

**COURSE STUDY:**

List the concrete related subjects you expect to include in your course of study during the upcoming school session.

| Course Title | Course Title |
|--------------|--------------|
|              |              |
|              |              |
|              |              |
|              |              |
|              |              |
|              |              |
|              |              |

**REFERENCES:**

Provide information for the two individuals who have agreed to submit reference forms to support your efforts.

|   | Name | Title | Employer | Address |
|---|------|-------|----------|---------|
| 1 |      |       |          |         |
| 2 |      |       |          |         |

Name: \_\_\_\_\_

Submittal Instructions

Please send all application materials by e-mail to:

E-Mail: [Ted.Neff@post-tensioning.org](mailto:Ted.Neff@post-tensioning.org)

Official transcripts should be mailed to:

**Post-Tensioning Institute  
Attention: Theodore L. Neff, P.E.  
Executive Director  
38800 Country Club Dr.  
Farmington Hills, MI 48331**

Phone: (248) 848-3185

**Deadline for receipt of all reference forms is February 29, 2012!**