

# High School Equivalency

Winter 2012 Term (Jan. 7, 2012 – Mar. 24, 2012)

## Program Application Form

N.B. Please fill out ALL required information\*.

Incomplete forms or invalid information will not be accepted for application.

Check only one course you prefer and mail the entire form to:  
DC 37 Education Fund, Room 814, 125 Barclay Street, New York, NY 10007-2179.

\*Date (mm/dd/yyyy) \_\_\_\_\_

\*Social Security or Personal ID #\*\* \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

\*Work Phone \_\_\_\_\_ \*Home Phone \_\_\_\_\_

Mobile/Cell Phone \_\_\_\_\_

\*Work Schedule \_\_\_\_\_ \*Work Location \_\_\_\_\_

\*Job Title \_\_\_\_\_ \*Agency \_\_\_\_\_

\*Local \_\_\_\_\_ E-mail Address \_\_\_\_\_

\*Select A Class Location:

### Manhattan

#### Union Headquarters

- Mon/Wed. 5:30pm – 8:30pm
- Sat. 9:30am – 2:30pm
- Mon/Wed or Fri (to be determined). 5:30pm – 8:30pm

### Brooklyn

#### Kings County Hospital

- Mon/Tues/Wed 5:30pm-8:30pm

### Bronx

#### Public School 18

- Wed/Thurs 5:30pm-8:30pm

### Staten Island

#### Sea View Hospital

- Mon/Wed 5:00pm-8:00pm

\*\* Your ID # is located on your prescription drug card and your DC 37 membership card.