

High School Equivalency

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

Sat 9:30am-2:30pm (HSE)

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