

DC 37 Education Fund

Returning Student Application

Spring 2017

ACCOUNTING PROGRAM

Course and Level

Currently
Attending:

Location: _____

Social Security #
(or PID #)*

Last Name

First

Address

Apt.

City

State

Zip

Work Phone:

()

Home Phone

()

Cell Phone:

Work Location:

Work Schedule:

Job Title

Agency

Local #

E-mail

I plan to attend _____ in Spring 2017

I HAVE TAKEN THE FOLLOWING COURSES

(Please check all that apply:)

☐ Accounting I

☐ Intermediate Accounting I

☐ Computerized Accounting I

☐ Accounting II

☐ Computerized Accounting II

☐ Intermediate Accounting II

☐ Advance Computerized Accounting

☐ Federal Income Tax

☐ I do not wish to return to this program (course).

Member

Signature:

Counselor or

Staff Signature:

Date

Date

* The PID # is the identification number that appears on your prescription drug card. You may use this number if you do not wish to use your social security number.