

# High School Equivalency

Spring 2017

## 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 Prescription 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:

### Brooklyn

Mon./Tues./Thurs. 6:00pm - 9:00pm

☐ HSE

### Manhattan

Washington Heights

☐ Tues/Thurs 6:00pm – 9:00pm (English HSE)

☐ Mon/ Weds. 6:00pm – 9:00pm (Spanish HSE)

### Lower Manhattan

Mon./Weds. 6:00pm - 9:00pm

☐ HSE

\*(All new Applicants will be contacted to take a Diagnostic Exam)

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