

**Regional Healthcare Foundation
APPLICATION FOR HSE PROGRAM**

DATE: _____

NAME _____ **S#** _____
Last First MI

AGE: _____ **DATE OF BIRTH:** _____ **phone** _____
Month/Day/Year

e-mail _____

ADDRESS: _____

Do you have any past or present legal charges? _____

If so, what are they? _____

EDUCATION:

Last high school attended: _____ **Last grade completed:** _____

Year dropped out of school: _____

Have you studied for the HSE/GED previously? _____

If so, when and for how long? _____

Which HSE/GED center did you attend? _____

What was the outcome of your work? _____

EMPLOYMENT:

Are you presently employed? _____ **Employer** _____

Work schedule: Days _____ **Hours** _____

How did you hear about our program? _____