



Warren Forest Higher Education Council  
589 Hospital Drive, Suite F  
Warren, PA 16365  
[www.Hi-Ed.org](http://www.Hi-Ed.org)  
814-723-3222

**Adult Diploma Application – Corry, PA**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to receive Hi-Ed information by email      YES      NO  
        

**Education**

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Disclaimer and Signature**

*Please accept my application and payment for the Adult Diploma Program.  
I understand that the \$125.00 fee is non-refundable.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail registrations with \$125.00 payment to:  
Warren Forest Higher Education Council  
589 Hospital Drive, Suite F  
Warren, PA 16365

Please call us with any questions at 814-723-3222.