

**LINCOLN ALUMNI DISCOUNT PROGRAM**

*Please print and fax or mail to:*

**Lincoln University  
Bursar's Office  
P.O. Box 179, 1570 Baltimore Pike  
Lincoln University, PA 19352  
FAX: (610) 932-1230**

\_\_\_\_\_  
**Date of Application**

**NAME OF STUDENT** \_\_\_\_\_  
First MI Last Date of Birth

**SOCIAL SECURITY#** \_\_\_\_\_  
(Required to Credit Account)

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
( )  
Area Code

**Student Classification (check one)** Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

**NAME OF LINCOLN ALUMNI** \_\_\_\_\_  
First MI Last

**ALUMNI SOCIAL SECURITY #** \_\_\_\_\_  
(Required to verify graduation)

**MAIDEN NAME (If Female)** \_\_\_\_\_

**YEAR OF GRADUATION** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:**

Mother \_\_\_\_ Father \_\_\_\_ Grandmother \_\_\_\_ Grandfather \_\_\_\_

I certify that all information supplied in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Student Date

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**VERIFICATION BY REGISTRAR'S OFFICE** \_\_\_\_\_  
Date

**APPROVAL BY BURSAR'S OFFICE** \_\_\_\_\_  
Date