



## ALUMNI DISCOUNT PROGRAM

Please **print clearly** and fax to 484-365-8130 or email to [bursar@lincoln.edu](mailto:bursar@lincoln.edu).

**\*\*NOT RETROACTIVE FOR A PRIOR SCHOOL YEAR\*\***

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

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's CID \_\_\_\_\_ Academic Year \_\_\_\_\_

Term: Fall (year) \_\_\_\_\_ Spring (year) \_\_\_\_\_

**\*\*Please be advised that the Alumni Discount is not available for the Summer Semester\*\***

Home Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Student's Cellular Phone \_\_\_\_\_

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

Name of Lincoln Alumnus \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Maiden Name (If Female) \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship of Alumnus to Student: (Biological or Legally Adopted)

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 \_\_\_\_\_

Approval by Bursar's Office

Student Account Balance \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Perkins Account Balance \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Percentage Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Percent

Verification by Registrar's Office \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Degree

Revised 2/2020