



Continue The Legacy Referral Program

The Lincoln University is offering an exciting opportunity for its students to spread the word about Lincoln to prospective students. This opportunity is called ***Continue The Legacy Referral Program*** (“Program”). The Program is open to all students.

The Program awards a Lincoln student with \$50, payable at the end of each semester or summer session for one or more new students that are referred and subsequently enroll as a full-time student at the University.

Program Guidelines

- There is no limit to the number of students that may be referred.
- A student will receive \$50 for each student referred who subsequently enrolls and satisfies his/her financial obligations to the University.
- The student must be first-time undergraduate, graduate or transfer student.
- The Program does not apply to students who are re-admitted to the University.
- The Program does not apply to students eligible for tuition remission.
- Referrals are not retroactive.
- A student cannot refer him or herself and/or another current student.
- A completed and signed ***Continue The Legacy Program form*** (“Form”) must be submitted to the Office of Admissions prior to the start of the semester. For example, if you refer a student who enrolls for the Fall 2014 semester, the Form must be submitted before the start of the Fall 2014 semester.
- If you fail to turn in a completed Form before the start of a semester, you will not be eligible for the award.



Continue The Legacy Referral Program

The Lincoln University will award you a one-time payment of \$50 if you refer a new student who: (1) applies for admission; (2) is accepted and enrolls at the University; and (3) satisfies his or her financial obligations to the University.

Current Student of The Lincoln University

Last Name: _____ First Name: _____ Middle: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Student Referral Information

Last Name: _____ First Name: _____ Middle: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Student Referral Information

Last Name: _____ First Name: _____ Middle: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I understand that the newly referred student must: (1) apply for admission; (2) be accepted and enroll at the University; and (3) satisfy his or her financial obligations to the University before I can be eligible for the referral award.

Signature: _____ Date: _____