



ALUMNI DISCOUNT PROGRAM
(Please Print)

(Please print clearly and fax to (484) 365-8130 or e-mail to bursaroff@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 ALUMNI

Alumni Social Security # Year of Graduation

Maiden Name (If Female) Telephone #

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

Approval by Bursar's Office:

Student Account Balance \$ Signature Date

Perkins Account Balance \$ Signature Date

Percentage Approved Signature Date

Verification by Registrar's Office Percent Signature Date

Degree Signature Date

Rev 5/13