



**ST. JOHN'S  
UNIVERSITY**

**College of Pharmacy  
and Health Sciences**

## White Coat Sponsor Program

*Please note that your sponsored student will receive a notecard with your name and email address to contact you.*

### INFORMATION

Name: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PAYMENT

**NOTE OF ENCOURAGEMENT** *(Please add a special message to the students.)*

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### MAIL COMPLETED FORM WITH PAYMENT TO

St. John's University  
College of Pharmacy and Health Sciences  
Attn: Diana J. Patino  
Assistant Dean for Administration and Student Success  
St. Albert Hall, Room 171  
8000 Utopia Parkway  
Queens, NY 11439