



**ST. JOHN'S
UNIVERSITY**

**College of Pharmacy
and Health Sciences**

White Coat Sponsor Program

Please note that your sponsored student will receive a note card with your name and e-mail address to contact you.

INFORMATION

Name: _____ Graduation year: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____

PAYMENT

The cost is \$30. Please make checks payable to St. John's University.

NOTE OF ENCOURAGEMENT *(A special message from sponsor to student.)*

MAIL COMPLETED FORMS WITH PAYMENT TO

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