



**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