

The LAGRANT Foundation Scholarship Application

Graduate Applicants

Contact Information

Full Name (first, middle initial, last): _____
Current Address: _____
City: _____ State: _____ Zip: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email 1: _____
Email 2: _____

Demographics

Social Security Number: _____ Date of Birth: _____
United States Citizen: Yes No Permanent U.S. Resident
Sex: Male Female
Ethnicity: African American/Black
 Asian/Pacific Islander American
 Hispanic/Latino
 Native American/Alaska Native, Tribal Affiliation(s): _____
 Multiracial (check all that apply)

Education

University/College: _____
School Address: _____
City: _____ State: _____ Zip: _____
Are you currently enrolled at this school? Yes No, I will upload an acceptance letter
Major/Course of Study: _____
Overall GPA: _____ on a scale of _____
Expected Graduation Date: _____

Additional Information

Have you ever applied for this scholarship? Yes No
Have you ever received this scholarship? Yes No
Are you interested in an internship? Yes No
What type of organization you would prefer to intern with? Please number according to interest:
___ Ad Agency ___ PR Agency ___ Corporation ___ Non-Profit ___ Other: _____

Signature

I have checked all the forms for omissions and errors and I certify that the information provided is complete and accurate to the best of my knowledge. I understand that falsifying any information may result in the revocation of my application and any scholarship granted to me by The LAGRANT Foundation.

Applicant's Signature: _____ Date: _____



