\*All boxes must be completed on this page for your application to be considered!

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| **Contact Information** | | | | | | | | | |
| Legal Name (first, middle initial, last): | | | |  | | | | | |
| City: |  | | | | State: |  | Zip: |  | |
| Permanent Address: | | |  | | | | | | |
| City: |  | | | | State: |  | Zip: |  | |
| Preferred Phone: | |  | | | Preferred Email: |  | | | |

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| **Demographics** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last four digits of SSN: | | | | |  | | | Date of Birth: |  |
| United States Citizen: (Please select one) | | | Yes | | | No | Permanent U.S. Resident | | |
| DACA (Deferred Action for Childhood Arrivals) | | | | | | | | | |
| Sex: | Male  Female | | | | | | | | |
| Preferred Gender Pronouns:  (e.g. he/his/him, she/hers/her, they/them/them, etc.) | | | |  | | | | | |
| Ethnicity (Check all that apply): | | African American/Black  Asian American/Pacific Islander  Caucasian  Hispanic/Latino  Native American/Alaska Native, Tribal Affiliation(s): | | | | | | | |
| Please advise if you have a disability that requires special assistance and/or accommodation.  If none, type N/A. | | | |  | | | | | |
| Please describe any food allergies/dietary restrictions you have. If none, type N/A. | | | |  | | | | | |

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| **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: | | | |  | | |  | | | | | | | | |
| (Incoming freshman – please use “N/A”)  Current Undergraduate Standing: | | | | | | | N/A | | | Freshman | | | Sophomore | | Junior | | | Non-graduating Senior | |
| Expected Graduation Date:  (Month & Year) | | | | | |  | | | | | | | | | | | | | |

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| **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 1 to 5 according to interest, using 1 to indicate your strongest preference and 5 indicating your least preference

      Ad Agency       PR Agency       Corporation       Non-Profit       Digital       Other:                                    

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| **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.*

|  |  |  |  |
| --- | --- | --- | --- |
| Electronic Signature |  | Date: |  |

**What inspired you to pursue a career in healthcare marketing and communications (MarCom)? Please describe your career goals and how you hope to make a meaningful impact in this field.**

**How can inclusive marketing and communication strategies help address health disparities and promote equity in healthcare?**

**Please write a brief paragraph describing any honors and awards that you have received. If you are an incoming graduate student, you may list your undergraduate and professional honors and awards. (Give dates and specify if community college/high school when applicable)**

**Please write a brief paragraph explaining college and/or community activities in which you’re involved. If you are an incoming graduate student, you may list your undergraduate activities. (Give dates and specify if community college/high school when applicable)**

**(Optional) If you do not think your GPA accurately reflects your scholastic capability and achievement, please draft an essay (no longer than one-page) explaining the gap.**