



The LAGRANT Foundation

2026 Healthcare Marketing & Communications Graduate/Ph.D. Scholarship Application

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

Contact Information

Legal Name (first, middle initial, last): _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

Demographics

Last four digits of SSN: _____ Date of Birth: _____

United States Citizen: ☐ Yes ☐ No ☐ Permanent U.S. Resident
(Please select one)

☐ 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.

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) _____

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



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_____ Ad Agency _____ PR Agency _____ Corporation _____ Non-Profit _____ Digital _____ 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.

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.



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



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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)



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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)



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(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.