\*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:

|  |
| --- |
| **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: |       |

**A one-page essay about what inspired you to pursue a career in healthcare marketing and communications. 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 freshman, you may list your high school honors and awards. If you are a transfer student, you may list your community college 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 freshman, you may list your high school activities. If you are a transfer student, you may list your community college 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.**