



The LAGRANT Foundation

2026 Healthcare Marketing & Communications Scholarship Undergraduate 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 ☐ African American/Black
(Check all ☐ Asian American/Pacific Islander
that apply): ☐ 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: _____

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.



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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 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)



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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 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)



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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.