Internship Application

Applicants who meet the following criteria and have completed the application on the second page (typed, not handwritten) will be considered for The LAGRANT Foundation Internship Program:

1. Applicant must be a U.S. citizen or permanent resident and a member of one of the following ethnic groups: African American, Asian American/Pacific Islander, Hispanic/Latino or Native American/Alaska Native.

2. Applicant must be a student at an accredited university or a recent graduate.

3. Please provide the following:
   1. Resume
   2. Three writing samples
   3. Completed Application Form
   4. Answer the following questions in a separate word document:
      - Why do you want to pursue a career in Advertising/Marketing/Public Relations?
      - What are your career goals?

Please submit completed application to:

Christopher Juarez
Talent Acquisition & Fundraising Manager
christopherjuarez@lagrant.com
(323) 469-8680 ext. 223
Internship Application

Note: All information must be typed. Handwritten applications will not be accepted!

Name (First, Middle Initial, Last) __________________________________________________________

Current Address  __________________________________________________________

City, State, Zip __________________________________________________________

Phone Number ___________________________  E-mail ___________________________

Date of Birth ________________  SSN# (last four digits) ________________

United States Citizen  ☐ Yes  ☐ No  ☐ Permanent U.S. Resident

Are you currently legally authorized to work in the United States?  ☐ Yes  ☐ No

Have you been convicted of a crime (including misdemeanors and felonies) or been found liable for civil fraud or any dishonest act?  ☐ Yes  ☐ No

Ethnicity  ☐ African American/Black  ☐ Asian American/ Pacific Islander  ☐ Hispanic/Latino

☐ Native American/Alaska Native  ☐ Multiracial (check all that apply)

Tribal Affiliation(s) (if Native American/Alaska Native)
________________________________________________________________________

Permanent Address __________________________________________________________

City, State, Zip ____________________________  Phone Number_______________________

University/College __________________________________________________________

Address _________________________________________________________________

City, State, Zip __________________________________________________________

Major/Course of Study ____________________________  GPA _____

Expected Graduation Date _________________

☐ Undergraduate Student  ☐ Graduate Student

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.
Applicant’s Signature ______________________________ Date __________________
(electronic signature accepted)