

SCHOLARSHIP

ROSENWALD FUND

4901 ELLIS AVENUE

CHICAGO



Personal History

Name in full Clement Scott

Present address 4227 McGraw Ave., Detroit, Michigan Telephone Tyler64412

Permanent address 4227 McGraw Ave., Detroit, Michigan

Present occupation Physician Salary _____

Place of birth Paris, Texas Date July 13, 1898

Single, married, widowed, divorced Married Date of marriage Aug. 12, 1925

Name and address of wife or husband Lyda R. Scott, 4227 McGraw Ave., Detroit.

Occupation and salary of wife or husband Housewife

Number and age of children None

Dependents None To what extent? _____ Relationship _____

Name of nearest relative Mrs. Inez C. Scott Address 115 North Church
Mother Address Paris, Texas Occupation Teacher

Have you any constitutional disorder or physical disability? No

The Fellowship Committee reserves the right to require a full physical examination.

FIISK UNIVERSITY

Education

1. Give a summary of your education in the following form:

	Name of Institution	Period of Study (Give dates)	Degrees, Diplomas, Certificates (Give dates)
High School	Gibbons H.S., Paris, Tex.	1909-1913	
College	Tillotson College, Austin, Tex		B. A. 1917
University	University of Iowa		B.A. 1919
Technical			
Professional	University of Iowa		M.D. 1924
Special Study	Interneship, City Hospital #2 St. Louis Mo.,	1924-25	
	Tillotson College	Diploma in Piano	1916

An official transcript and four copies of your college and university records must be submitted with your application.

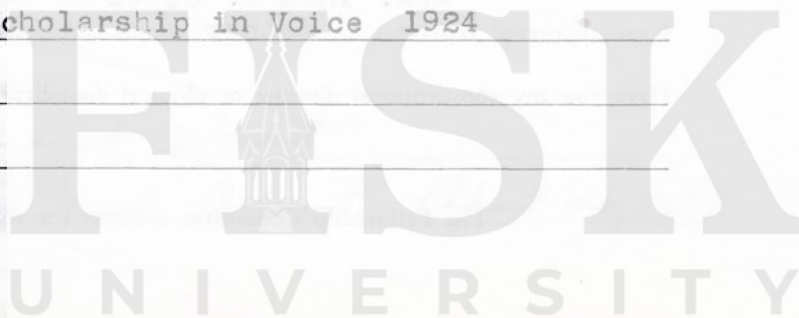
2. Extra-curricular activities:

Athletics: Basketball, Baseball, Swimming

Music

3. Give a list of the scholarships or fellowships you have previously held or now hold, stating in each case the places and periods of tenure, the studies pursued during your incumbency, and the amounts of the stipends.

Refused offer of Juilliard Scholarship in Voice 1924



Experience

(Students should include all part-time work they have done.)

Institution or Organization	Address	Position	Under Direction of	Salary

Accomplishments

1. Of what learned, scientific, or artistic societies are you a member?

2. What advanced work, research, or creative work have you already done? **Courses in Communicable diseases---Herman Kieffer Hosp. Post graduate courses for Practitioners---Ext. Univ. Michigan. An original member of Health Committee, which established plans for Health Education for Negroes in Detroit; planned programs for Negro Health Week etc. Physical examination of children in City Schools for two years. Co-operative work with the Health Department in Diphtheria Prevention and Tuberculosis case finding work.**

3. List of publications

Plans for Work

- For what position do you seek further training? **Epidemiologist ---Detroit Health Dep't**
- What course of study do you wish to take? **Public Health (Administrative Practices and General Health Work)**
- For what degree are you working? **Doctor of Public Health**
- In what institution do you wish to study? **University of Michigan**
- Under whose supervision? _____



6. Have you assurance that you will be admitted to this institution? Yes

7. If you are not planning study at an institution, indicate the type of special work you propose to do _____

8. If awarded a fellowship

When would you wish to begin the study proposed? Fall term 1937

What is your estimate of its probable duration? According to the catalogue the course including consists of two years, ~~work~~ and a summer of field work.

Statement of Plan of Work

Submit on separate sheets a statement giving detailed plans for your work during your tenure of a fellowship. This statement should include (1) a description of the project, including its character and scope, and the significance of its presumable contribution; (2) the present state of the project, time of commencement, progress to date, and expectation as to completion; (3) the proposed university, or institution of similar grade, or the place where the work would be carried on, and the authorities, if any, with whom the work would be done; (4) your expectation as to publication or use of the results of your study; and (5) subsequent plans for your career. *This statement should be complete and carefully prepared.* (Please submit one more copy of PLAN OF WORK than the number of your references.)

References

Submit a list of references from whom further confidential information may be obtained concerning your qualifications and from whom expert opinion may be obtained as to the value and practicability of your proposed plan of work:

Name of Reference	Position	Address
Dr. Vaughn	Head of Health Department	3919 John R. St., Detroit.
Dr. McEwen	Dean of the Medical College	Univ. of Iowa, Iowa City, Ia.
Mr. Grover Stout	Principal Wingert School	1851 W. Grand Blvd., Detroit.
Mr. John Dancy	Head of Urban League Commissioner House of Correction	606 E. Vernor, Detroit.

If you have applied or expect to apply elsewhere for any fellowship or scholarship for the same period, state the facts regarding such application.

SIGNATURE

Dr. Clement Scott

PLACE AND DATE OF MAILING

4227 W. Grand, Detroit April 26, 1937

