

JULIUS ROSENWALD FUND

4901 ELLIS AVENUE

CHICAGO 15

Ret WCH

a 17/20/46

Application and accompanying documents should be filed as early as possible for the convenience of the Committee on Fellowships, preferably during the early autumn. No application can be considered by the Committee unless the completely filled-out blank and all of the materials requested reach the Director for Fellowships by January 1, 1947.

Negro

White Southerner

Name in full... Alonzo Smythe Yerby .....

Present address... Coney Island Hospital, Brooklyn 23, New York .....  
City State

Permanent address... 2268 Homecrest Ave., Brooklyn 29, New York .....  
City State

Present position (be specific)..... Interne .....

Institution or organization... Coney Island Hospital ..... Annual salary. \$ 560.00 .....

Address... Ocean Parkway at Avenue Z, Brooklyn 23, New York .....  
City State

Specific Field... Public Health .....

Concise statement of plan of work... One year's study at an appropriate university .....

Leading to the degree of Master of Public Health. .....

Dates of period for which grant is desired... September 1947 to September 1948 .....

What is your estimate of the total duration of the proposed project?..... one year .....

Will you return to your present position?.. no ..... If not, for what position do you seek further training?.....  
District Health Officer .....

*If you contemplate graduate study, please fill in the following:*

What institution do you wish to attend?..... University of Michigan .....

Have you been admitted?..... Yes ..... For what degree will you work?.. Master of Public Health .....

Under whose supervision? Dr. H.F. Vaughan ..... Department of... Public Health .....



**Personal History**

Place of birth, Augusta, Georgia Date of birth, October 15, 1921  
 Single, married, widowed, divorced..... Married  
 Name and address of wife or husband... Mrs. Montcal M. Yerby 2268 Homecrest Ave., Brooklyn, N.Y.  
 Occupation and salary of wife or husband... Librarian \$1440 per annum  
 Number and ages of children... None  
 Dependents... None.....To what extent?..... Relationship.....  
 Have you any constitutional disorder or physical disability?..... No

(The Committee on Fellowships reserves the right to require a full physical examination.)

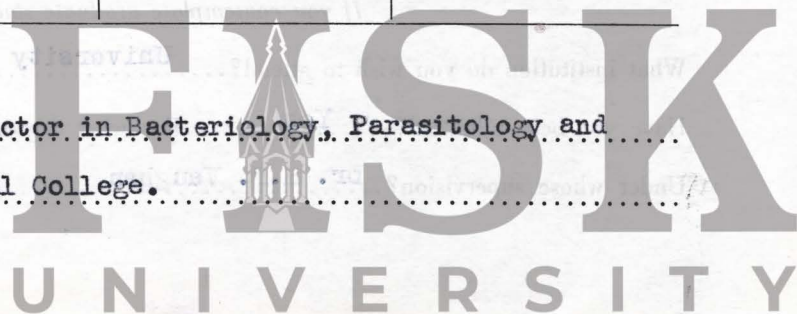
Draft status... 1st Lieut. Medical Corps Reserve, U.S. Army

**Education**

One official transcript of your college and university records together with five copies must be submitted with your application. (Copies may be typed by the applicant.)

|                              | Name of Institution  | Period of Study<br>(Give dates) | Degrees, Diplomas,<br>Certificates<br>(Give dates) |
|------------------------------|--|---------------------------------|--|
| Undergraduate                | <u>Wilson Jr. College, Chicago, Ill.</u>                   | <u>1937 - 1939</u>              | <u>Diploma</u>                                     |
|                              | <u>University of Chicago</u>                               | <u>1939 - 1941</u>              | <u>B.S.</u>  |
| Graduate                     |  |                                 |  |
| Professional<br>or technical | <u>Meharry Medical College,<br/>Nashville 8, Tennessee</u> | <u>1943 - 1946</u>              | <u>M.D.</u>  |
|                              |  |                                 |  |
| Special study                |  |                                 |  |

Significant extracurricular activities... Student Instructor in Bacteriology, Parasitology and  
 Clinical Pathology at Meharry Medical College.



**Experience**

Give record chronologically.

| Institution or Organization | Address | Position | Inclusive Dates | Annual Salary |
|-----------------------------|---------|----------|-----------------|---------------|
| None                        |         |          |                 |               |
|                             |         |          |                 |               |
|                             |         |          |                 |               |
|                             |         |          |                 |               |
|                             |         |          |                 |               |
|                             |         |          |                 |               |

**Accomplishments**

1. Of what learned, scientific, or artistic societies are you a member? **Sigma Pi, Scientific Honor Society, Wilson Jr. College. Kappa Pi, Honorary Medical Society, Meharry Medical College. W.A. Boyd Medical Society of Tennessee.**

2. What research or creative work have you done? (If in business or a profession, give evidence of standing and achievements.)

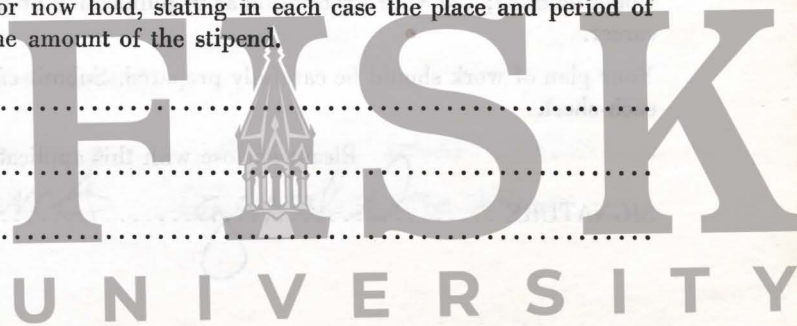
**Served one year as research laboratory assistant to Dr. G.M. Deck, then Associate Professor of Bacteriology, University of Chicago, on a research project on bacillary dysentery for the Committee on Medical Research of the Office of Scientific Research and Development.**

3. Publications (Books and articles. Give title, date, and publisher.)

**None**

4. List scholarships or fellowships you have previously held or now hold, stating in each case the place and period of tenure, the studies pursued during your incumbency, and the amount of the stipend.

**None**



**Budget Estimate**

Room and board..... \$ 900.00  
 Clothing ..... 70.00  
 Insurance ..... 39.60  
 Tuition ..... 355.00  
 Transportation ..... 60.00  
 Miscellaneous ..... 120.00  
 ..... \$ 1544.60

(Are you eligible for GI Bill benefits?)  
 Yes..... No.

Total amount needed \$ 1544.60  
 Amount applicant can provide \$ none  
 Amount requested from Fund \$ 1544.60

If you have applied or expect to apply elsewhere for any fellowship for the same period (which is, of course, permissible), state the facts regarding such application.

I have applied for fellowship aid of a fund recently set up by the National Foundation for the Prevention of Infantile Paralysis

**References**

List references, preferably five, from whom confidential information may be obtained concerning your professional 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. M. J. Bent     | Dean School Medicine   | Meharry Medical College          |
| ✓ Dr. G. D. Holloway | Prof. of Clinical Pathology  | Meharry Medical College          |
| ✓ Dr. T. LaSaine     | Prof. of Preventive Medicine   | Meharry Medical College          |
| ✓ Dr. G. M. Dack     | Director of Food Research Institute,   | University of Chicago            |
| ✓ Mrs. M. H. Withers | Public Health Nurse Consultant, Foster Homes Division,<br>Bureau of Nursing, New York City Department of Health. | 125 Worth Street, New York City. |

**Statement of Plan of Work**

Submit a statement giving detailed plans for your work during the tenure of your fellowship. This statement should include: (1) a full description of the project, including its character, scope, and significance; (2) the present state of the project (time of commencement, progress to date, etc.) and expectation as to completion; (3) the proposed university, institution of similar grade, or other place where work would be carried on, and the authorities with whom it would be done; (4) your expectation as to publication or use of the results of your study; (5) subsequent plans for your career.

Your plan of work should be carefully prepared. Submit *eight* copies typed on 8 1/2" x 11" paper. Your name should be on each sheet.

Please enclose with this application six passport-size photographs.

SIGNATURE .....

*Alonso Smythe W. J. ... M.D.*

