

JULIUS ROSENWALD FUND
4901 ELLIS AVENUE
CHICAGO 15

1/05

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, 1948.

Negro

White Southerner

Name in full..... Kathryn Ellen Clarke.....

Present address. Department of Biochemistry, Meharry Medical College, Nashville, Tenn....
City State

Permanent address.. 86 Monroe Street.. Boston, Mass.....
City State

Present position (be specific).. Research Assistant.. in Biochemistry.....

Institution or organization Meharry Medical College.... Annual salary.. \$2200.00.....

Address .. Nashville, Tennessee.....
City State

Specific Field..... Physics.....

Concise statement of plan of work... To secure a Master's degree in physics so as to
... qualify for admittance to the Institute of Nuclear Studies at Oak Ridge,
... Tennessee the following year.....

Dates of period for which grant is desired... September to June 1948-49.....

What is your estimate of the total duration of the proposed project?... Three years.....

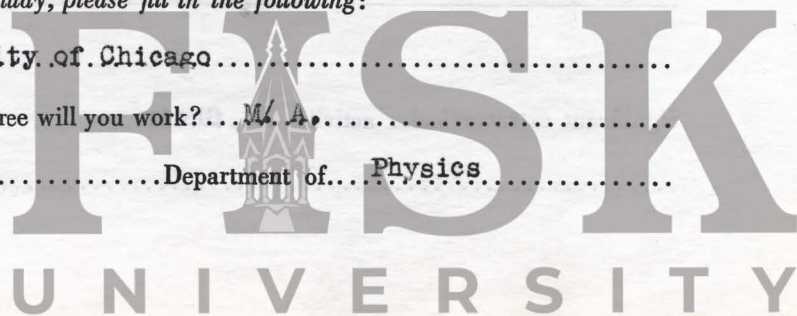
Will you return to your present position?... No..... If not, for what position do you seek further training?.....
... Position at Meharry or similar institution requiring training in nuclear physics..
with emphasis on biological applications

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

What institution do you wish to attend? The University of Chicago.....

Have you been admitted?... No..... For what degree will you work?... M. A.....

Under whose supervision?..... Department of Physics.....



Personal History

Place of birth.....**Boston, Mass.**.....Date of birth**July 24, 1925**.....

Single, married, widowed, divorced.....**Single**.....

Name and address of wife or husband.....

Occupation and salary of wife or husband.....

Number and ages of children.....

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.)

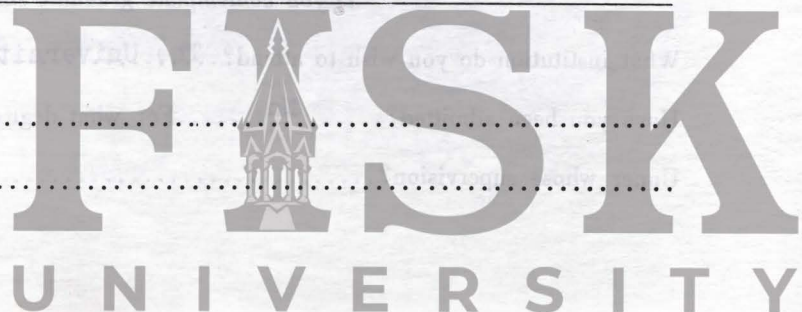
Draft status.....

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 (Give dates)	Degrees, Diplomas, Certificates (Give dates)
Undergraduate	Fisk University	June 1947 Sept. 1943	B.S. June 1947
Graduate
Professional or technical
Special study

Significant extracurricular activities.... **Choir**.....



Experience

Give record chronologically.

Institution or Organization	Address	Position	Inclusive Dates	Annual Salary
McKissack and McKissack	Nashville, Tenn.	Technical Assistant	June to Sept. 1946	\$22/wk.
Meharry Medical College	" "	Research Assistant	Sept 1947 to present	\$2200.00
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Accomplishments

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

.....

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

.....

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

.....

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.

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Budget Estimate

Room and board.....	\$ 900.00
Clothing	150.00
Insurance	
Tuition	450.00
Transportation	80.00
Miscellaneous	88.00
.....	\$ 1668.00

(Are you eligible for GI Bill benefits?)

Yes..... No........

Total amount needed \$..1668.00..

Amount applicant can provide \$.....

Amount requested from Fund \$..1668.00..

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.

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. A. A. Taylor.....	Dean.....	Fisk University.....
✗ Mr. Calvin McKissack.....	Architect.....	4th and Charlotte, Nashville, Tenn.
✓ Dr. H. D. West.....	Professor of Biochemistry.....	Meharry Medical College.....
✓ Dr. J. R. Lawson.....	Professor of Physics.....	Fisk University.....
✓ Dr. C. E. Van Horn.....	Professor of Mathematics.....	Fisk University.....

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 *ten* copies typed on 8½"x11" paper. Your name should be on each sheet.

Please enclose with this application six passport-size photographs.

SIGNATURE *Kathryn Lillian Clarke*

