

JULIUS ROSENWALD FUND

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4901 ELLIS AVENUE  
CHICAGO 15

Application and accompanying documents should be filed as early as possible for the convenience of the Fellowship Committee, 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 3, 1944.

Negro

White Southerner

Name in full. Dorothy MARGARETTE REED (Mrs. GRANGER)

Present address 1643 New Jersey Ave N.W. Wash. D.C.  
City State

Permanent address 88 Landing Rd. GLEN COVE, NEW YORK  
City State

Present position (be specific) STUDENT

Institution or organization Howard Dental School Annual salary

Address 5th + W. Sts. WASHINGTON, DC  
City State

Specific Field ORTHODONTIA

Concise statement of plan of work. A FULL YEAR POSTGRADUATE WORK IN THE FIELD OF ORTHODONTICS AT THE UNIVERSITY OF COLUMBIA, NEW YORK CITY FOR WHICH A CERTIFICATE OF PROFICIENCY IS GIVEN.

Dates of period for which grant is desired. April 1944 - April 1945 or Oct. 1944 - Oct. 1945

What is your estimate of the total duration of the proposed project? ONE YEAR FULL TIME

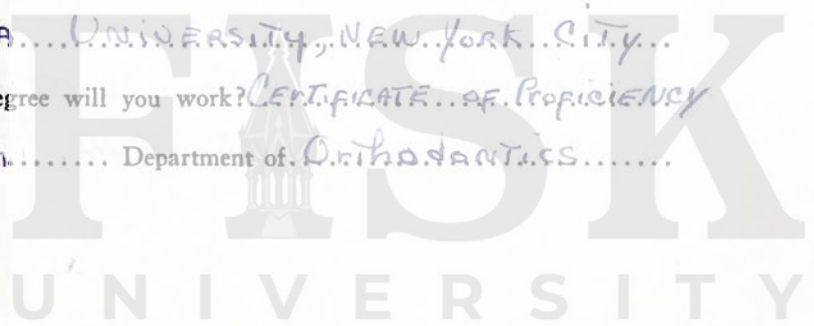
Will you return to your present position? If not, for what position do you seek further training? EITHER TO TEACH ORTHODONTICS OR SPECIALIZE IN PRIVATE PRACTICE

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

What institution do you wish to attend? Columbia UNIVERSITY, NEW YORK CITY

Have you been admitted? NOT AS YET For what degree will you work? CERTIFICATE OF PROFICIENCY

Under whose supervision? Prof. W. M. Waugh Department of ORTHODONTICS



**Personal History**

Place of birth BROOKLYN, NEW YORK Date of birth MAY 29, 1919

Single, married, widowed, divorced MARRIED

Name and address of wife or husband PFC. RICHARD A. GRANGER, UNITED STATES ARMY

Occupation and salary of wife or husband SOLDIER, \$50 MONTH

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 ---

**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)
College	<u>BATES COLLEGE</u> <u>LEWISTON, MAINE</u>	<u>SEPT 1936-</u> <u>JUNE 1939</u>	<u>NONE</u>
University			
Professional or technical	<u>HOWARD UNIVERSITY</u> <u>DENTAL SCHOOL, WASH. DC</u>	<u>SEPT 1941-</u> <u>MARCH 1944</u>	
Special study			

Significant extra-curricular activities CLASS SECTY. + STUDENT COUNCIL MEMBER  
SEPT. 1941 - MARCH 1944



## Experience

Give record chronologically.

Institution or Organization	Address	Position	Inclusive Dates	Annual Salary

## Accomplishments

1. Of what learned, scientific, or artistic societies are you a member? CHI... Lambda Kappa...  
HONORARY DENTAL FRATERNITY AT HOWARD UNIV.

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 places and periods of tenure, the studies pursued during your incumbency, and the amounts of the stipends.

Full Tuition Scholarship - SEPT. 1942 - JUNE 1943 - \$175  
" " " " " 1943 - " 1944 - \$175

**Budget Estimate**

INSTRUMENTS	\$ 345.00
Room and board.....	\$ 600.00
Clothing .....	200.00
Insurance .....	12.00
Tuition .....	500.00
Transportation <sup>COMMUTATION</sup> <sub>TICKET</sub> #10 month	120.00
Miscellaneous .....	100.00
.....	\$ 1877.00
 Total amount needed	 \$ 1877.00
Amount applicant can provide	\$ 300.00
 Amount requested from Fund	 \$ 1577.00

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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.

There are no other fellowships given for dentistry for which I am eligible as a negro

**References**

List references 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. EMMETT J. SCOTT	HEAD OF DEPT. OF ORTHODONTICS, H.U.	5th + W. STS. WASH. D.C. 634 Girard St. Wash. D.C.
✓ DR. RUSSELL DIXON	DEAN OF HOWARD DENTAL	HOWARD DENTAL SCHOOL 5th + W. STS. WASH. D.C.
✓ DR. PEARCY FITZGERALD	HEAD OF DEPT. OF PROSTHODONTIA	"
✓ DR. RAYMOND HAYES	HEAD OF DEPT. OF ORAL MEDICINE	"
✓ DR. W.M. MADISON	HEAD OF DEPT. OF PEDIODONTIA	"

**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 seven copies typed on 8 1/2" x 11" paper. Your name should be on each sheet.

SIGNATURE *Dorothy Margaret Reed*

