

JULIUS ROSENWALD FUND

INSTRUCTIONS FOR MAKING APPLICATION

Applications and accompanying documents must reach Raymond Paty, Director for Fellowships, not later than February 28, 1937. They are desired, for the convenience of the Fellowship Committee, as early as possible.

1. If convenient, please type application and additional material.
2. Use 8½" x 11" paper, if possible, for writing all documents submitted.
3. Every page or document submitted must bear the applicant's name plainly written.
4. Whenever the space provided in this form is not suitable for an applicant to present fully the facts of his case, it is requested that they be stated in a separate document.
5. Please attach a small photograph, with name and address on the back.
6. Retain one copy of the completed application form for your files.

III. Specific Field

Concise statement of plan of work Nursing Education For Graduate Nurses, and
specializing in Public Health Nursing.

Personal History

Name in full Miss Allouise Sympson Jaxon

Present address Tuskegee Institute, Ala.

Telephone 331

Permanent address 455 Gano St., Paris, Ky.

Present occupation Assistant Superintendent of Nurses

Salary \$1200

Place of birth Paris, Ky.

Date September 30, 1907

Single, married, widowed, divorced Single

Date of marriage _____

Name and address of wife or husband _____

Occupation and salary of wife or husband _____

Number and age of children _____

Dependents One

To what extent? For Education

Relationship Sister

Name of nearest relative Mrs. Clifton Jaxon Address 455 Gano St., Paris, Ky. Occupation None

Have you any constitutional disorder or physical disability? None

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

FISK
UNIVERSITY

JULIUS ROSENWALD FUND

4901 ELLIS AVENUE
CHICAGO

Classification I. Negro

II. White Southerner _____

III. Specific Field _____

Concise statement of plan of work Nursing Education For Graduate Nurses, and
specializing in Public Health Nursing.

Personal History

Name in full Miss Allouise Sympson Jaxon

Present address Tuskegee Institute, Ala.

Telephone 331

Permanent address 455 Gano St., Paris, Ky.

Present occupation Assistant Superintendent of Nurses

Salary \$1200

Place of birth Paris, Ky.

Date September 30, 1907

Single, married, widowed, divorced Single

Date of marriage _____

Name and address of wife or husband _____

Occupation and salary of wife or husband _____

Number and age of children _____

Dependents One

To what extent? For Education

Relationship Sister

Name of nearest relative Mrs. Clifton Jaxon Address 455 Gano St., Paris, Ky. Occupation None

Have you any constitutional disorder or physical disability? None

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

FISK
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 | Western High School | 1922-1926 | Diploma & Certificate in Domestic Science |
| College | Tuskegee Institute, Ala. | 1932-1936 | Bachelor of Science in Education |
| University | | | |
| Technical | | | |
| Professional | Nurse Training | 1926-1929 | Diploma |
| Special Study | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

2. Extra-curricular activities:

None

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.

None



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?
National Organization of Colored Graduate Nurses

Local Nurses Association

Local Nurses Alumni Association

2. What advanced work, research, or creative work have you already done?

None

3. List of publications. **None**

Plans for Work

1. For what position do you seek further training? **Educational Director**

2. What course of study do you wish to take? **Nursing Education For Graduate Nurses**

3. For what degree are you working? **Bachelor of Science in Nursing**

4. In what institution do you wish to study? **University of Minnesota**

5. Under whose supervision?



6. Have you assurance that you will be admitted to this institution? Have not applied

7. If you are not planning study at an institution, indicate the type of special work you propose to do
Major Course for Instructors And Supervisors.

8. If awarded a fellowship
When would you wish to begin the study proposed September, 1937
What is your estimate of its probable duration? One year

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 |
|--|---|--|
| <u>129</u> Doctor Eugene H. Dibble, Mr. Alphonse Henningburg, Dr. W. T. B. Williams, | Manager, U. S. Veterans Facility, Personnel Director Vice President | Tuskegee, Ala. Tuskegee Institute, Ala. Tuskegee Institute, Ala. |

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 _____

PLACE AND DATE OF MAILING _____





FISK
UNIVERSITY

Blanche S. Jackson
January 4, 1937.

Tuskegee
Institute

FISK
UNIVERSITY