

**THE ROCKEFELLER FOUNDATION**  
**PERSONAL HISTORY AND APPLICATION FOR**  
**A FELLOWSHIP IN .....**

(NOTE: Please type or print all entries)

Field of Special Interest.....

.....

Date.....

Name in Full..... Sex.....

Present Address.....  
(Street and Number) (City) (State or Country)

Permanent Address.....  
(Street and Number) (City) (State or Country)

Place of Birth..... Year..... Month..... Day..... Race.....

Citizenship..... Nationality..... Religion.....

Single, married, widowed, divorced..... Wife's name.....  
(Form of customary legal signature)

Date of marriage..... Number of Children..... Age and Sex.....

..... Other dependents.....

Present Position..... Annual Salary.....

What part, if any, of this salary will be continued if a fellowship is granted?.....

.....

Amount expected from other sources.....

.....

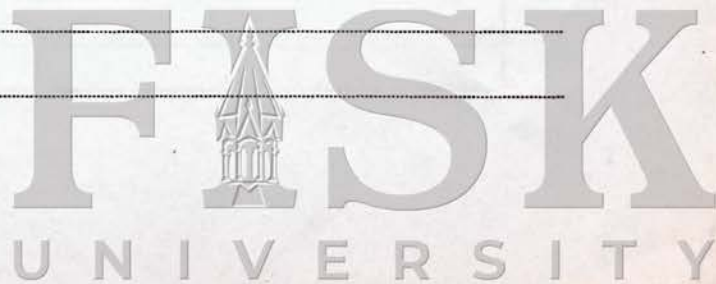
Have you at any previous time filed an application with the Rockefeller Foundation or the General Education Board?..... If so, give details.....

.....

Have you at any time held a fellowship from any other American institution or agency or are you now an applicant for one?..... If so, give details.....

.....

.....



Have you any constitutional disorder or physical defects?.....

(Applicants may be asked to submit to a medical examination)

Do you speak well the language of the country in which you propose to study?.....

What other languages do you speak?.....

What languages do you read?.....

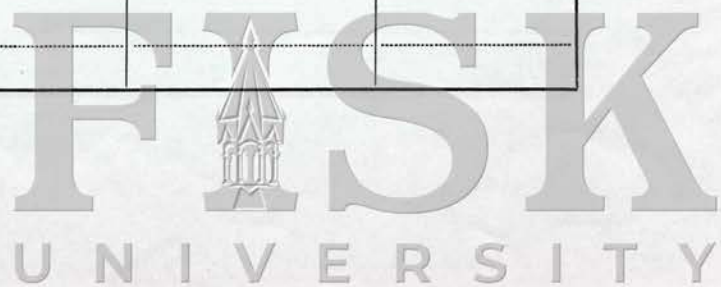
**TRAINING:**

Type	NAME OF INSTITUTION	First and last years spent there	Degrees	Date
High School				
Undergraduate				
Graduate				
Special Study (in addition to that stated above)				

**EXPERIENCE:**

Positions held (teaching, scientific, professional, administrative, business)

NAME OF ORGANIZATION	Title of Position	Years of Tenure	Annual Compensation



**REFERENCES:** (Persons acquainted with your qualifications)

Name	Position	Address

**PUBLICATIONS:** (Give journal, year, page)

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(Copies of your most important published papers should be attached to this blank)

**REMARKS:** (Cite here additional facts bearing upon your application, i. e., foreign travel, academic and scientific honors, etc.)

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**FUTURE PROSPECTS:**

What are your plans for the future, and how definite are they?.....

.....

.....

.....

Have you a definite post to which to return at the expiration of a fellowship?.....

.....

.....



**STUDY PLANS:**

Subject of study or investigation you wish to carry out: (On a separate sheet, describe in detail the work you propose to do under this fellowship).....

Where and with whom do you propose to work?.....

When do you wish to begin, if awarded a fellowship?.....

What period of appointment do you wish (in months)?.....

Have you assurance that you would be admitted to this institution?.....

Have you ascertained from the Professor with whom you propose to work:

- (1) That you can be received during the period indicated above?.....
- (2) That you can be provided with the equipment necessary for your researches?.....
- (3) What tuition or Laboratory fees, if any, will be required?.....
- (4) What special materials must be provided in addition to those supplied in consideration of the payment of regular Laboratory fees?.....

(Attach a letter from the professor, if possible)

(State the nature of this material or equipment)

Will any members of your family accompany you?.....

Who?.....

(Only *your* travel expense will be paid by the Foundation)

**EMERGENCY ADDRESSES:** (Give names of nearest relatives or other emergency addresses) :

Name ..... Relationship.....

Address.....

Name ..... Relationship.....

Address.....

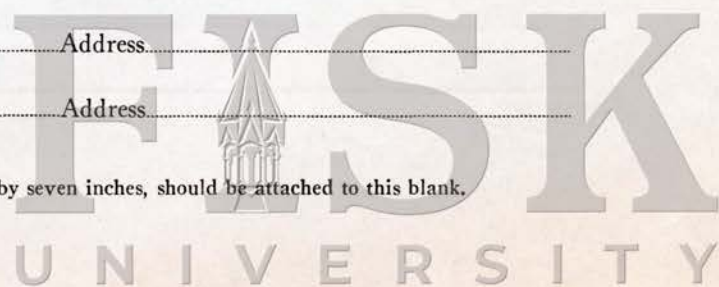
Signature of Applicant.....

**Signature of Sponsors:**

Proposed by: ..... Address.....

Seconded by: ..... Address.....

NOTE: An unmounted photograph of the applicant, not larger than four by seven inches, should be attached to this blank.



# THE ROCKEFELLER FOUNDATION

## MEDICAL EXAMINATION

NOTE: It is kindly requested of the examining physician to write as legibly as possible or to print the answers to *each* question given below. It is necessary to have a comment on any positive findings which would bear seriously on the health of the candidate during a fellowship experience in a foreign country.

Name of Applicant..... Candidate for fellowship in.....

Address.....

### FAMILY HISTORY

What relatives have had tuberculosis?.....

Have any relatives had nervous or mental disorders?..... State diagnosis.....

### PERSONAL HISTORY

Has applicant ever suffered from any of the following diseases? (State when and give necessary details)

(a) Tuberculosis

(g) Malaria

(b) Cardiac disease

(h) Acute or chronic respiratory diseases:

Sinus infections

(c) Gastro-intestinal disorders:

Tonsillitis

Appendicitis

Hay fever

Gallstones

Dysentery

(i) When was applicant last successfully vaccinated?

(d) Mental or nervous disabilities

(j) Has applicant had typhoid fever?

Indications of "nervous breakdown"

When?

Or antityphoid inoculation?

(e) Arthritis

When?

(f) Genito-urinary or renal diseases

(k) Any disease or injury not mentioned above?

### PHYSICAL EXAMINATION

1. General development: good.....; fair.....; poor..... (Check term applicable)

Nutrition: thin.....; average.....; obese..... (Check term applicable)

Weight..... Height..... Age.....

Best Weight..... When?..... Any recent change in weight?.....

2. Skin: Any obvious disease.....

3. Eyes: Lids..... Sight: Right eye..... Left eye.....

4. Ears: Inspection.....Hearing: Right ear..... Left ear.....

5. Glands.....

6. Thyroid.....

7. Condition of teeth and defects to be corrected.....

8. Lungs: Physical findings.....

9. Heart: Any organic lesions  
Rate—Standing  
Rate—After hopping 25 times  
Rate—2 minutes after hopping

Blood pressure: Systolic.....Diastolic..... Name of instrument used.....

10. Abdomen: Girth  
Tenderness  
Hernia  
Palpable: Liver.....; Spleen.....; Kidneys.....; Tumors..... (Positive findings to be explained)  
Hemorrhoids  
Fistula in ano

11. Indications of mental or nervous disabilities

12. Urine analysis:  
Physical appearance  
Albumin.....; Sugar.....; Casts.....; Sp. Gr.....

13. Blood: To be reported if conditions warrant:  
a. Hemoglobin  
b. Red blood corpuscles per cmm  
c. Leucocytes per cmm  
d. Differential leucocyte count

14. Are there any facts known to you, not brought out in the foregoing examination, affecting or likely to affect the health of the applicant?

15. Do you consider the applicant a first-class medical risk, i. e., a person who would be acceptable to an insurance company as having excellent health?

REMARKS (Please include comments and possible prognosis on any positive findings in history or physical examination):

NOTE TO MEDICAL EXAMINER:

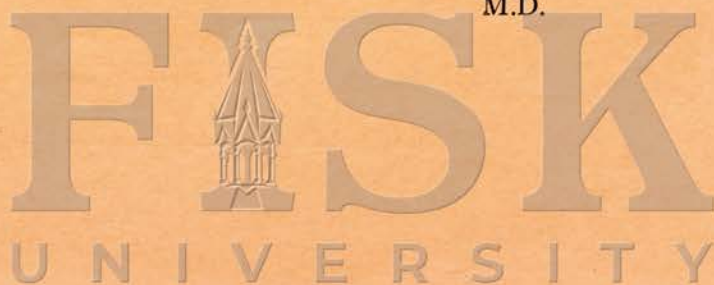
This blank, when completed, should be sent to the office of The Rockefeller Foundation, 49 West 49th Street, New York, N. Y., with a statement of charges, if any, for services rendered. It should not be handed to the applicant.

Signature of Medical Examiner

Address:

Date:

M.D.



RECORD OF IMMUNIZATION

I certify that I have given prophylactic vaccination or inoculation to

.....on the dates stated as follows:

1. Vaccination against smallpox:

a. Date.....

b. Result.....

2. Inoculation against typhoid and paratyphoid:

a. First inoculation

Date .....

Kind and quantity of vaccine.....

b. Second inoculation

Date .....

Kind and quantity of vaccine.....

c. Third inoculation

Date .....

Kind and quantity of vaccine.....

3. Immunization against diphtheria by injection of toxin-antitoxin mixture:

(Required only for children under 12)

Date.....

Signature of Medical Examiner.....M.D.

Date.....

Address.....