

Note to Applicant:

Each entry on this form is significant; please omit none.

In listing references, include 3 persons who knew you as a graduate student and who can testify to your study and work habits, your capacity for sustained effort, your promise of achievement, and your special qualifications for the studies you desire to undertake.

Do not overlook footnote on last page.

Be sure to sign the form and have it signed also by your 2 sponsors, one of whom should be the president or head of your institution.

Send the completed application (and supporting material) as soon as possible to

General Education Board
49 West 49th Street
New York, N. Y.

FISK

UNIVERSITY

GENERAL EDUCATION BOARD

PERSONAL HISTORY RECORD AND APPLICATION FOR FELLOWSHIP

(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..... Date of Birth..... Race.....

Citizenship..... Nationality.....

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?.....

Do you qualify for any form of state aid for graduate study?

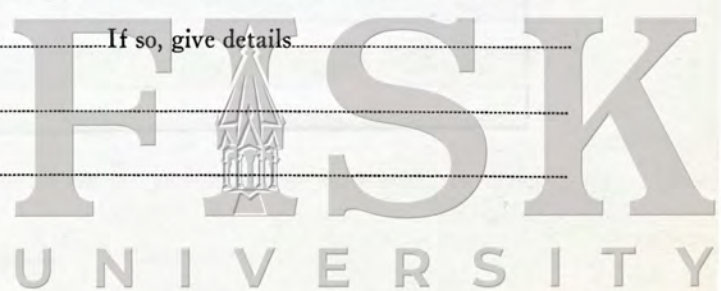
If not, please explain

Do you expect income from any source other than this requested fellowship?.....

If wife (or husband) is employed, give position and annual salary.....

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

Have you at any time held a scholarship for advanced study or 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)

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

What languages do you read?.....

TRAINING:

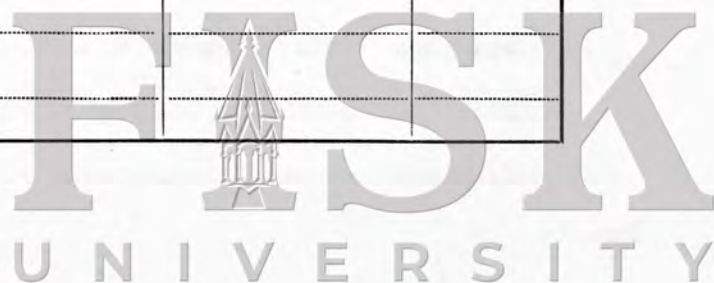
Type	NAME OF INSTITUTION	First and last years spent there	Degrees	Date
Undergraduate				
Graduate				
Special Study (In addition to that stated above)				

Please attach official transcripts of scholastic records (undergraduate and graduate) or have them sent directly to the General Education Board.

EXPERIENCE:

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

INSTITUTION OR ORGANIZATION	Title of Position	Years of Tenure	Annual Compensation



REFERENCES: (Persons acquainted with your experience and your qualifications for advanced work)

Name	Position	Address

PUBLICATIONS: (Give journal, year, page)

.....
.....
.....
.....

(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.)

.....
.....
.....
.....
.....

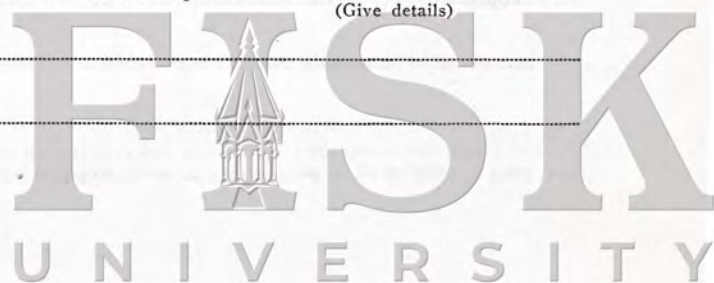
FUTURE PROSPECTS:

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?..... (Give details)

.....
.....





STUDY PLANS:

What subject or subjects do you wish to study?.....
(It may be desirable to describe in detail on a separate sheet the work you propose to do)

.....
.....

What special studies or experience have you already had in these subjects?.....

.....
.....

Would this study require special facilities, material, or equipment?.....

.....
.....

In what institution* and with whom do you wish to work?.....

.....
.....

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

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

Exactly what tuition or laboratory fees will be required during this period?.....

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

Who?.....

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

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

Address.....

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

Address.....

.....
Signature

Signatures of Sponsors:

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

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

* Submit a statement from the institution or individual with whom you wish to work, giving assurance that you will be admitted and that your plan of work is satisfactory to your proposed advisor or major professor.

