

JULIUS ROSENWALD FUND

4901 ELLIS AVENUE

CHICAGO

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 5, 1940.~~

Negro

White Southerner

Name in full Von D. Mizell, M.D.

Present address 1409 N.W. 6th. St. Ft. Lauderdale Florida

City State

Permanent address 1409 N. W. 6th. St. Ft. Lauderdale Florida

City State

Present position (be specific) Medical Director of Provident Hospital, Also General practice of medicine and surgery in City.

Institution or organization Provident Hospital Annual salary Nothing

Address Ft. Lauderdale Ft. Lauderdale Florida

City State

Specific Field Surgery & Hospital Administration

Concise statement of plan of work To better prepare myself to care for in the best manner and operate a well regulated hospital already doing a great deal of work that is expected of institutions of staffs of far greater qualifications. The fifteen thousands Negroes of this County must be cared for and I hope to do my part.

What institution do you wish to attend? Chicago Post-Graduate School of Surgery

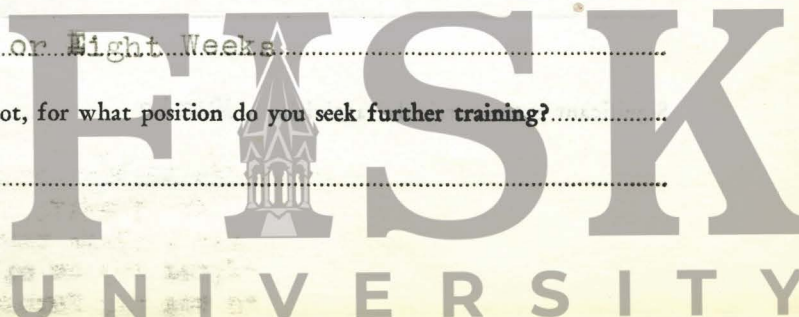
Have you been admitted? Yes For what degree will you work? Complete the Summer Course.

Under whose supervision? Dr. A. V. Partipilo, M.D., F.A.C.S.

When do you wish to begin the study or project proposed? July 1st. 1940

What is your estimate of its probable duration? Six or Eight Weeks

Will you return to your present position? Yes If not, for what position do you seek further training?



Personal History

Place of birth.....Jasper, Florida..... Date of birth.....January 16th, 1910
 Single, married, widowed, divorced.....Married.....
 Name and address of wife or husband.....Alpha Omega Mizell, 1409 N.W. 6th. St.
 Ft. Lauderdale, Fla.
 Occupation and salary of wife or husband.....Housewife.....
 Number and ages of children.....None.....
 Dependents.....one..... To what extent?.....Complete..... Relationship.....Wife
 Have you any constitutional disorder or physical disability?.....No.....

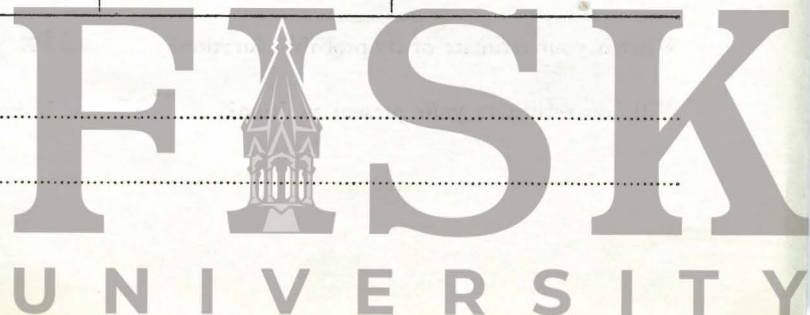
(The Committee on Fellowships reserves the right to require a full physical examination.)

Education

~~One official transcript of your college and university records together with four 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	Morehouse College Atlanta, Ga.	1928-1932	B.S. 1932
University			
Professional or technical	Meharry Medical College	1932-1936	M.D. 1936
Special study			

Significant extra-curricular activities.....Music.....



Experience

Give record chronologically.

Institution or Organization	Address	Position	Inclusive Dates	Annual Salary
Provident Hospital	Ft. Lauderdale, Fla.	Med. Dir.	1937-1940	Gratis

Accomplishments

1. Of what learned, scientific, or artistic societies are you a member? Dade County Medical Society ; State; National and Honorary Societies.

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

Practically promoted and #built the Provident Hospital.

3. Publications None

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.

None



Budget Estimate (if not for academic year state period)

Room and board..... 8 weeks..... \$ 125.00
 Clothing..... None Needed.....
 Insurance..... Paid up.....
 Tuition..... Course..... 200.00
 Transportation..... round trip..... 50.00
 Miscellaneous..... 50.00
 \$
 Total amount needed \$ 425.00

Amount applicant can provide \$ None --- Because expenses at home will take all the money I have saved to carry on all my notes etc.
 Amount requested from Fund \$ 425.00

Clip (do not paste) photograph here

If you have applied or expect to apply elsewhere for any fellowship for the same period (which is permissible) state the facts regarding such application.

No

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
Mrs. Frank Stranahan	County Welfare Director	Ft. Lauderdale, Fla.
Mr. Lewis Moore	City Mayor	Ft. Lauderdale, Fla.
Dr. Charles Eberhart	Dept. Urology Grady Hospital	Atlanta, Ga.
Dr. Joshua Williams	Officer Vet. Hospital	Tuskegee, Ala.
Mr. I.T. Parker	Cashier of Dania Bank	Dania, Fla.

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 the 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 complete and carefully prepared. Submit six copies typed on 8 1/2" x 11" paper. Your name should be on each sheet.

SIGNATURE

Von D. Mizell, M.D.
 P.O. Box 1378
 Ft. Lauderdale, Fla.

