

JULIUS ROSENWALD FUND  
4901 Ellis Avenue  
Chicago, Illinois

SCHOLARSHIP

The Julius Rosenwald Fund is making a review of the Negro fellowships which it has granted during the past seven years. Since an appraisal of our activity thus far in this field will naturally have some effect on future policy, it is requested that all persons who have received fellowship grants from the Fund cooperate by filling in carefully the brief information asked for on the following blank and returning the information promptly to the Fund.

Name Laura Campbell Coles, 36 "C" St.S.W. Atlanta, Ga.

Position at time grant was made Field nurse in the City Health Dept., Nashville, Tenn.

Specific purpose of the fellowship study Public Health Nursing

Subject studied under the fellowship (or special work accomplished) \_\_\_\_\_

Public Health Nursing

Institution at which fellowship study was carried on (or, if no specific institution was attended, state nature and place of the work carried out under the grant)

Teachers College Columbia University, New York, N.Y.

Present position or occupation Supervisor of Nurses F.E.R.A.

Your opinion of benefits received from the fellowship It gave me the opportunity to work in the Venereal Disease project in Tipton County, Covington, Tenn.; sponcered by the Rosenwald Fund in cooperation with the Tenn. State Health Dept., and to hold the position I now hold.

Other reports or comments may be written on the back of this sheet

SCHOOL

If it is possible for the same student to receive a fellowship the second time I would like to make application so that I may do further study in Public Health Nursing.

May I please have an early reply?

Sincerely yours,

*Laura Campbell Coles.*

Laura Campbell Coles.



APPLICATION

NASHVILLE COUNCIL FOR PUBLIC HEALTH NURSING.

*Miss Campbell will return to the Council when fellowship is completed*  
**SCHOLARSHIP**  
*Negro Nurse*

(To be filled out entirely in applicant's handwriting).

Name of Applicant Laura V. Campbell

Address in full Hubbard Hospital  
 (If in Nashville, give 'phone number)

Date of birth January 14, 1901

Are you married, single, widowed or divorced? Single Religion Methodist

If married, have you children? no How are they provided for? \_\_\_\_\_

Is there anyone dependent on you? Mother *(arrangements have been made for care of mother)*

Have you any responsibility that might call you away suddenly? no

General Education:

TYPE OF SCHOOL	NAME OF SCHOOL STATE OR CITY	NO OF YEARS ATTENDED	GRADUATE YES OR NO.
A Grammar	<u>Waco, Texas</u>	<u>8 years</u>	<u>yes</u>
B High School	<u>Waco, Texas</u>	<u>4 years</u>	<u>yes</u>
C College	<u>Los Angeles, California</u>	<u>2 years</u>	<u>no</u>
D Other General Education	_____	_____	_____

Occupation before entering Training School? none

From what training school did you graduate? Hubbard Hospital

Address 1115-1117 First Ave. South Date of graduation May 1928

Character of hospital; General? yes Special? no Private? no

Extent of obstetrical training 3 months Length of course? 1 year

Training through affiliation: Hospital \_\_\_\_\_

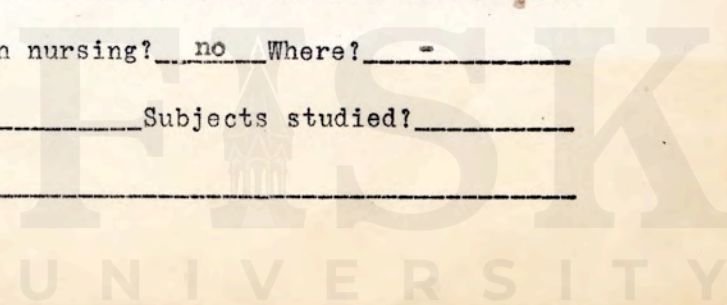
Months? \_\_\_\_\_ Character? \_\_\_\_\_

Name and address of superintendent of training school under whom you were trained (Miss) Hulda M. Lyttle

Have you pursued a post-graduate course in nursing? no Where? \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time spent? \_\_\_\_\_ Subjects studied? \_\_\_\_\_

Public Health Experience 3 months



Other Professional Training such as Schools for Social Work, Normal,  
Business, etc. \_\_\_\_\_

School, City and State

Length of time  
attended

Finished  
Yes or No

\_\_\_\_\_  
\_\_\_\_\_

Check those organizations of which you are a member:

Training School Alumnae Yes  
American Nurse's Association \_\_\_\_\_  
Nat. League of Nursing Education \_\_\_\_\_  
American Red Cross Nursing Service \_\_\_\_\_  
American Ass'n of Social Workers \_\_\_\_\_  
Nat. Org. for Public Health Nursing \_\_\_\_\_

Are you a registered Nurse? Yes Date registered 6-28-28 In what State

Tennessee. Give address of nearest relative (to be used in case  
of emergency) A. C. Cox, (mother) 405 Ivy Street, Waco, Texas

Give two references, one social, one professional.

Name Mrs. W. S. Willis Name Dr. J. W. Fridia, M.D.

Address 3300 San Jacinto Street, Dallas, Texas Address Cor. 2nd & Bridge Street, Waco, Texas

How and where have you been employed since graduation? \_\_\_\_\_

Private Nurse? Hospital - and private duty

Name and address of organization	Name of person in charge	Type of work	Date of employment
_____	_____	_____	_____
_____	_____	_____	_____

How many days did you lose on account of illness in the past two  
years? 11 days. I agree, if appointed, to work in accordance with  
the accepted policies of the Council. If accepted certificate from  
physician is required.

(Signed) Laura V. Campbell, R. N.

Date Oct. 31st, 1928

