

**JULIUS ROSENWALD FUND**  
**4901 ELLIS AVENUE**  
**CHICAGO**

*20 in box end. + repackage  
 at head of  
 by P.O.*

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, 1942.

Negro  White Southerner

Name in full Margaret Morgan Lawrence, M.D.  
 Present address Harlem Hospital, 137th St. & Lenox Ave., New York, N. Y.  
 City New York State New York  
 Parents' Permanent address 906 First North St., Vicksburg, Mississippi  
 City Vicksburg State Mississippi  
 Present position (be specific) medical interne. (general internship)  
 Institution or organization Harlem Hospital Annual salary \$216  
 Address 137th St. & Lenox Ave., New York, New York  
 City New York State New York

Specific Field medicine  
 Concise statement of plan of work My plan of work is a year of study  
in public health--emphasizing child health--in preparation  
for pediatric service in a southern community.

Dates of period for which grant is desired September 1942 to August 1943  
 What is your estimate of the total duration of the proposed project? One academic year  
 Will you return to your present position? No If not, for what position do you seek further training?  
for a pediatric appointment in a southern community hospital

*If you contemplate graduate study, please fill in the following:*

What institution do you wish to attend? DeLamar Institute of Public Health, College of Physicians & Surgeons, Columbia University  
 Have you been admitted? No, but assurance that I will be admitted is given. For what degree will you work? M.S. in Public Health  
 Under whose supervision? Dr. Harry Stoll Mustard, Department of Public Health



**Personal History**

Place of birth..New York, New York..... Date of birth..August 19, 1914

Single, married, widowed, divorced.....married.....

Name and address of wife or husband..Charles R. Lawrence, Jr., 212 Griffin St. Nw...  
Atlanta, Georgia

Occupation and salary of wife or husband...\*Secretary..Student.YMCA.Southeast.....\$2000..

Number and ages of children.....None.....  
\*Duration of position not known.  
Also at this time applying for  
fellowship (Rosenwald)

Dependents...None..... To what extent?..... Relationship.....

Have you any constitutional disorder or physical disability? .....None.....

(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 *five copies* must be submitted with your application. (Copies may be typed by the applicant.) Official transcript of medical school record being sent directly from College of P&S.

	Name of Institution	Period of Study (Give dates)	Degrees, Diplomas, Certificates (Give dates)
College	Cornell	Sept. 1932 to June 1936	A. B. 1936
University			
Professional or technical	Columbia U., College of Physicians & Surgeons	Sept. 1936 to June 1940	M.D. 1940
Special study			

Significant extra-curricular activities.....Self-help work and music.....



**Experience**

Give record chronologically.

Institution or Organization	Address	Position	Inclusive Dates	Annual Salary
..... Harlem Hospital.....	..... 137th St. & Lenox Ave. ....	..... Intern.....	..... July 1940- July 1942.....	..... \$216.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Accomplishments**

1. Of what learned, scientific, or artistic societies are you a member? ..... None .....

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

..... Will complete a 2 year general or rotating internship in July 1942.  
 ..... Licensed to practice medicine in New York State  
 ..... January 1941.....

3. Publications (Books and articles. Give title, date, and publisher.) ..... None .....

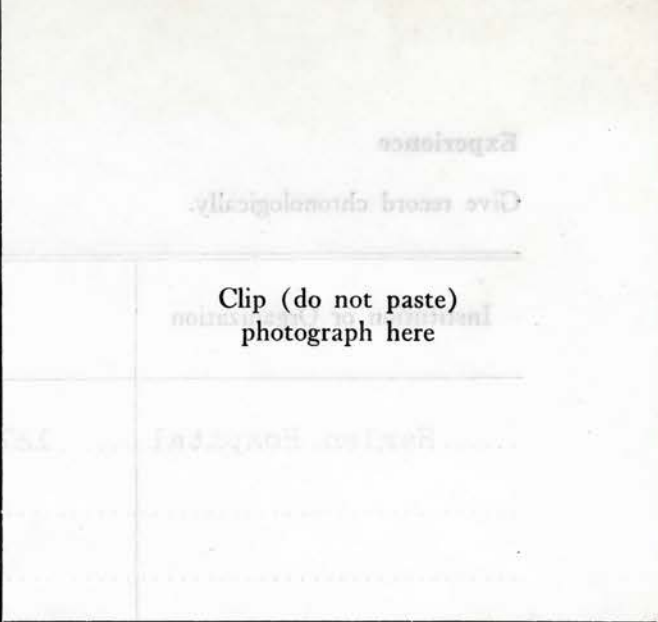
4. List scholarships or fellowships you have previously held or now hold, stating in each case the places and periods of tenure, the studies pursued during your incumbency, and the amounts of the stipends.

..... John G. White Scholarship, Cornell, 1932, premedical, \$200.....  
 ..... New York State " Cornell, 1932-36, premedical, \$200 a year.....  
 ..... P.E. Church Missions Scholarship, Columbia Coll. of P&S, medical, 1936-40, approximately \$500 a year  
 Columbia Medical " Columbia P&S, 1937-40, medical, \$300 a year



**Budget Estimate**

Room and board ..... \$ 500  
 Clothing ..... 50  
 Insurance ..... 10  
 Tuition ..... 420  
 Transportation ..... 45  
 Miscellaneous books, organizations,  
 ..charity, recreation, laun- \$ 100  
 dry  
 Total amount needed \$ 1125  
 Amount applicant can provide \$ none  
 Amount requested from Fund \$ 1125



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

**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
Dr. Haven Emerson	Professor Emeritus Public Health, Columbia	600 W. 168th St., NYC
Dr. V. W. Lippard	Assistant Dean, College of Physicians and Surgeons	630 W. 168th St., NYC
Dr. Alvin Coburn	Attending Staff Presbyterian & Babies Hospitals	630 W. 168th St., NYC
Dr. J. A. Curran	Dean, Long Island College of Medicine	Long Island College of Medicine, Brooklyn, N. Y.

**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 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 carefully prepared. Submit seven copies typed on 8½"x11" paper. Your name should be on each sheet.

SIGNATURE *Margaret Morgan Lawrence, M.D.*

