

# JULIUS ROSENWALD FUND

4901 ELLIS AVENUE

CHICAGO

Classification I. Negro  \_\_\_\_\_  
II. White Southerner \_\_\_\_\_  
III. Specific Field  \_\_\_\_\_

Concise statement of plan of work To devote my full time to the study of  
nervous and mental diseases at Saint Elizabeth's Hospital,  
Washington, D. C., under the supervision of Ben Karpman, M. D.,  
psychiatrist at the hospital and professor of psychiatry,  
Howard University.

## Personal History

Name in full Charles Francis Gibson

Present address 1 Summit Avenue, Summit, N. J. Telephone Sum.6-3118

Permanent address Same.

Present occupation Physician. Salary \$3,500.00

Place of birth Alexandria County, Virginia Date June 30, 1906

Single, married, widowed, divorced Married Date of marriage June 25, 1931

Name and address of wife or husband Dorothy T. Gibson, 1 Summit Ave., Summit, N. J.

Occupation and salary of wife or husband None.


Number and age of children 2 children - ages 4 and 2.

Dependents three To what extent? complete Relationship Wife and Children

Name of nearest relative John H. Gibson Address 2726 N. Street,  
Washington, D. C. Occupation Barber

Have you any constitutional disorder or physical disability? No.

The Fellowship Committee reserves the right to require a full physical examination.

  
**FISK**  
UNIVERSITY

Education

1. Give a summary of your education in the following form:

	Name of Institution	Period of Study (Give dates)	Degrees, Diplomas, Certificates (Give dates)
High School	Dunbar High School, Washington, D. C.	1919-1923	Diploma-June 1923.
College	Lincoln University, Chester County, Pa.	1923-1927	A.B. - June 1927.
University			
Technical			
Professional	College of Medicine Howard University	1927-1931	M.D. - June 1931.
Special Study	Saint Elizabeth's Hospital Washington, D. C.	1931-1932	
	Sixty-four hours in psychoanalysis.		
	Freedmen's Hospital Washington, D. C.	1931-1932	Certificate of In- ternship-Oct. 1932.

An official transcript and four copies of your college and university records must be submitted with your application.

2. Extra-curricular activities:

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3. Give a list of the 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.

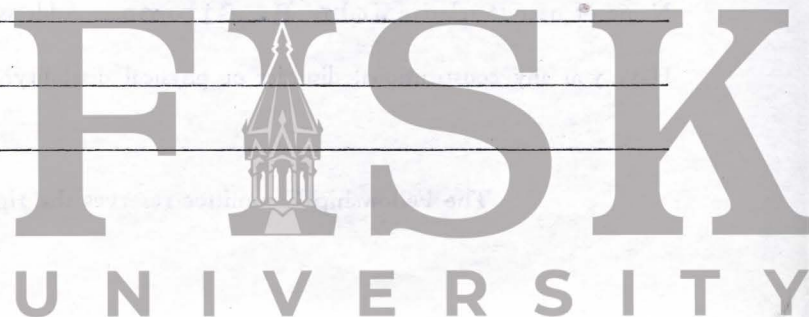
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**Experience**

(Students should include all part-time work they have done.)

Institution or Organization	Address	Position	Under Direction of	Salary

**Accomplishments**

1. Of what learned, scientific, or artistic societies are you a member?

The Union County (N. J.) Medical Society.

The Northern New Jersey Medical Society.

2. What advanced work, research, or creative work have you already done?

Sixty-four hours of psychoanalysis.

3. List of publications "Concerning Color" the Psychoanalytical Review - 1930

**Plans for Work**

1. For what position do you seek further training? Psychiatrist.

2. What course of study do you wish to take? Psychiatry, Neurology and Psychoanalysis.

3. For what degree are you working? None.

4. In what institution do you wish to study? Saint Elizabeth's Hospital.

5. Under whose supervision? Dr. Ben Karpman



6. Have you assurance that you will be admitted to this institution? Yes.

7. If you are not planning study at an institution, indicate the type of special work you propose to do \_\_\_\_\_

8. If awarded a fellowship

When would you wish to begin the study proposed? June, 1937

What is your estimate of its probable duration? Not less than two years.

### Statement of Plan of Work

Submit on separate sheets a statement giving detailed plans for your work during your tenure of a fellowship. This statement should include (1) a description of the project, including its character and scope, and the significance of its presumable contribution; (2) the present state of the project, time of commencement, progress to date, and expectation as to completion; (3) the proposed university, or institution of similar grade, or the place where the work would be carried on, and the authorities, if any, with whom the work would be done; (4) your expectation as to publication or use of the results of your study; and (5) subsequent plans for your career. *This statement should be complete and carefully prepared.* (Please submit one more copy of PLAN OF WORK than the number of your references.)

### References

Submit a list of references from whom further confidential information may be obtained concerning your 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
<u>3-1</u> Dr. Ben Karpman	Psychiatrist	St. Elizabeth's Hospital, Washington, D. C.
T. Edw. Jones, M. D.	Surgeon-in-Chief	Freedmen's Hospital, Washington, D. C.
Lawrence A. Oxley	Special Advisor to Sec'y. of Labor	Department of Labor, Washington, D. C.

If you have applied or expect to apply elsewhere for any fellowship or scholarship for the same period, state the facts regarding such application.

SIGNATURE

*C. J. Gibson, M.D.*

PLACE AND DATE OF MAILING Summit, N. J. - February 27, 1937.

