

## Application for the George A. Bray Master's Thesis and George A. Bray Doctoral Dissertation Awards

Name of Applicant:	
Address:	
Phone:	Email:
Institution:	Department:
Name of Committee Chair:	
Institution:	Department:
Address:	
Phone:	Email:
Master's Thesis Doctoral Disser Name of Institution where work was co Date of Successful Defense:	
ATTACH A SINGLE FILE TO INCLUDE:  1. A SIGNED, PDF SCAN OF THIS A  2. A ONE PAGE OVERALL SUMMA  3. A PDF OF YOUR FINAL DEFEND grantsandawards@obesity.org	
Signature of Applicant:	
Signature of Committee Chair:	
By signing above, I (We) attest to the fa successfully defended their Master's Th	ct that (student name) has nesis /Doctoral Dissertation on the date stipulated above.
I (We) understand, to receive reimburs	ement of up to \$1,500 for travel related expenses to the current

ObesityWeek, the student must show proof of registration for the current year's annual meeting.