

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 Dissert Name of Institution where work was condate 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 DEFENDED grantsandawards@obesity.org | pplication |
| Signature of Applicant: | |
| Signature of Committee Chair: | |
| By signing above, I (We) attest to the factorized successfully defended their Master's Th | esis /Doctoral Dissertation on the date stipulated above. |
| | cost of registration for the current ObesityWeek® and receive a \$500 registration for the current year's annual meeting. |