



The Center for the Study of the College Fraternity
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Application Form

Awards:

Please check one

Richard McKaig Outstanding Doctoral Dissertation Award _____

Adele Williamson Outstanding Masters Thesis Award _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home telephone (_____) _____ Office Telephone (_____) _____
Current Position _____ Institution _____
How did you learn about this award?

Are you an AFA Member? Yes _____ No _____

Title of Doctoral Dissertation/Masters' Thesis (in full):

Institution granting Masters' degree: _____
Date degree conferred (month, day, & year) _____
Thesis committee chair (name in full) _____
Address: _____

Telephone (_____) _____ Email _____

Names of other committee members: _____

I verify that the above information is true and complete to the best of my knowledge. I have read the announcement for the Richard McKaig Doctoral Dissertation/Adele Williams Masters' Research Award and agree to abide by its terms and conditions. Should I be selected as the award recipient, I agree to assume all of the responsibilities as well as the rewards of being the award recipient.

Signature: _____ Date: _____