

The Deborah Tims Ellis Endowed Scholarship
Department of English
University of Oregon

The Department of English invites applications from undergraduate English Majors for the Deborah Tims Ellis Endowed Scholarship, a \$1000 award offered each year in recognition of outstanding academic achievement by an English Major. In 2009-10, priority will be given to applications from English majors who plan to attend the Department's London Program during the winter 2010 term. Applications should be addressed to the Department Head, Department of English, University of Oregon, Eugene, OR, 97403

Application Instructions

A completed application consists of the following:

1. A completed application form.
2. Two faculty recommendations. Recommendations should be sent directly to the Department Head.
3. A current unofficial transcript or degree audit.

Completed application materials are due in the Department of English Office in 118 PLC at 5:00 pm on Thursday, October 15, 2009.

**The Deborah Tims Ellis Endowed Scholarship
Department of English
University of Oregon**

Scholarship Application Form

Last Name _____ First Name _____

University of Oregon ID # _____

Address _____

Phone _____

Email _____

Major/Minor _____

Student Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Names of Faculty References: 1. _____

2. _____

I will be attending the Department's London Program during the winter 2010 term _____
Yes/no

Signed Certification and Authorization:

I certify that I have provided complete and accurate statements on this application. To the best of my knowledge, all accompanying documents are authentic, unaltered records that pertain to me.

Signature: _____ Date: _____

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Faculty Recommendation Form

To the applicant: Give one copy of this form to each of the two English Department faculty members you have asked to recommend you.

Name of applicant _____ ID Number _____

Under the Federal Family Educational Rights and Privacy Act of 1974 and the UO Student Record Policy, registered students have the right to inspect their records, including letters of recommendation. If you want to waive your right of access to this evaluation, you may do so by checking the appropriate box below. Check only one box.

- I will have access to this recommendation.
- I will not have access to this recommendation.

Signature _____ Date _____

To the faculty member: Please provide your personal evaluation of this student's academic abilities and performance.

Courses or independent studies in which you have taught this student	Date	Grade
_____	_____	_____
_____	_____	_____

Please rate the applicant among other college students you have taught over the past ____ years by a check mark in the bar graph below.

Top 1 percent	Top 10 percent	Top 30 percent	Top 50 percent

On an attached page or on the reverse side of this form, please add additional comments.

Faculty member signature _____ Date _____

Name (print) _____ Deadline: 10/15/09