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 2014-15, priority will be given to applications from English majors who plan to attend the Department’s London Program during the Spring 2015 term. Applications should be addressed to the Department Head, Department of English, University of Oregon, Eugene, OR, 97403.

Application Instructions

Please submit the following via e-mail to mquigley@uoregon by Saturday, January 24, 2015:

1. A completed application form.

2. Two faculty recommendations. Recommendations should be sent directly to the Professor Mark Quigley at mquigley@uoregon.edu.

3. A current unofficial transcript or degree audit.

You are welcome to submit applications well in advance of the deadline. One scholarship of $1000 will be awarded on the basis of academic merit. Please note that eligibility for the scholarship is restricted to current UO English majors.

If you have any questions about the Tims-Ellis scholarship, please contact the English department’s London Coordinator, Professor Mark Quigley, at mquigley@uoregon.edu.
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 Spring 2015 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: __________________________
The Deborah Tims Ellis Endowed Scholarship  
Department of English  
University of Oregon  

Faculty Recommendation Form  
Due by JANUARY 24, 2015  

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.  

O I will have access to this recommendation.  
O 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) ____________________________________________
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O I will have access to this recommendation.
O 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.

[Graph]

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) ____________________________________________