



UNIVERSITY OF
OREGON

2017-18 Diversity Excellence Scholarship Application Recommendation Form

To the applicant: Please write your name and UO identification number, and check an access box before giving this form to the person recommending you for the Diversity Excellence Scholarship. The recommender must be a school official, member of a community organization, employer, or any other non-family member who can illustrate your achievements, leadership, cultural involvement, and abilities.

Full name of applicant: _____

UO ID Number (if assigned): _____ Date of Birth: _____

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. Failure to waive access will not affect the decision of the scholarship selection committee.

I will have access to this recommendation. I WILL NOT have access to this recommendation.

Applicant signature _____ Date _____

To recommender: Diversity Excellence Scholarships are designed to help students from varied backgrounds achieve their educational goals at the University of Oregon. These are tuition-remission scholarships with awards ranging from partial to full tuition and fee waivers. The amount of each award is determined by the UO Diversity Excellence Scholarship Committee.

In a separate letter, please describe the applicant's **commitment to cultural diversity**. Address the student's **involvement in their cultural community, including leadership roles, community service, family responsibilities, achievements, and any other experiences that illustrate the student's background**. This is critical information; your evaluation of the student will assist the selection committee in making awards. Please explain your relationship to the applicant, and how long you have known them. Attach your letter to this form and mail in a sealed envelope to the address below.

Printed name of recommender

Title of recommender

Signature or recommender

School, organization, or agency

Address

Telephone

Must be received in office by:

January 27, 2017.

Please return this form and letter directly to:

**Diversity Excellence Scholarship Committee
Office of Student Financial Aid and Scholarships
1278 University of Oregon, Eugene OR 97403-1278**

Email: financialaid@uoregon.edu

Fax: 541-346-1175