Site		



Student/Family Survey

You can help us improve the effectiveness of College Goal Sunday by completing and returning this survey before you leave today.

Please use pencil or blue/black ink and fill in each bubble completely.

1) Could you have completed the FAFSA without the help provided by College Goal Sunday?					2) Was the help you received from College Goal Sunday worth the effort of attending?			
0	Yes					0	Yes	
0	No					0	No	
0	Probably, but not as well					0	Not sure	
3) WI	nat aspect of Colleg	ge G	oal Sunday did you fin	d <u>m</u>	<u>iost</u>	help	oful? (Please mark only one)	
0	O Group presentation on how to complete FAFSA			0	Che	eckin	ng the accuracy of completed FAFSA	
O One-on-one help with filling out FAFSA			0	Co	mple	ting the paper FAFSA		
O Getting answers to financial aid questions			0	Co	mple	ting the FAFSA on the Web		
4) Ho	w did you learn ab	out	College Goal Sunday?	(Pl	ease	mai	rk all that apply)	
0	Television	0	Poster at High School	(0	Colle	ege Financial Aid Presentation	
0	Radio	0	High School Publication	. (0	Colle	ege Admissions/Financial Aid Counselor	
0	Newspaper	0	High School Assembly	(0	Colle	ege Access Program (TRIO, GEAR UP)	
0	Website	Ο	Teacher	(0	Civic	c Organization (church, youth group)	
0	Mailing (postcard)	Ο	Guidance Counselor	(0	Com	munity Site (library, community center)	
Ο	Friends/Relatives	0	Poster at College	(0	Com	munity Event (sports event, pow-wow)	
The f	0 1			•			help us do a better job on the College completely confidential.	
5) Who completed this survey?			(6) W		this be your (the student's) first time applying for federal student aid?		
0	Both student and parent				(C	Yes	
0					(C	No	
0	Parent or other relative only				(C	Not sure	

PLEASE TURN OVER!



7) What is your (the student's) current			8) What degree program do you (the student)					
	educational status?		hope to enroll in next fall?					
0 0 0	High school student College student Enrolled in other educational program Not currently enrolled	0 0 0	2-year (associate's) degree program 4-year (bachelor's) degree program					
9) What	t is your (the student's) gender?	10	D) Do you (the student) have any disability?					
C) Female		O Yes					
C) Male		O No					
11) Wh	at is the highest level of education attained	by <u>ei</u>	ither of your (the student's) parents?					
0	Neither parent completed high school	0	2-year (associate's) degree					
0	High school or GED	0	4-year (bachelor's) degree					
0	Some college but no degree	0	Graduate or professional degree					
0	Vocational certificate							
12) Wh	at is your (the student's) race and/or ethnic	city?	(Please mark all that apply)					
0	White/Caucasian	0	Asian American/Pacific Islander					
0	O Hispanic/Latino		American Indian/Alaska Native					
0	Black/African American/African							
13) Wh	at is your (the student's) age?		14) What is your family's annual income?					
0	Under 18 years old		O Under \$20,000					
0	18-24 years old		O \$20,000-\$40,000					
0	25-34 years old		O \$40,000-\$60,000					
Ο	35 years old or older		O More than \$60,000					
15) Wha	at can we do to make College Goal Sunday	betto	er next year?					

THANK YOU FOR YOUR TIME!

