



Name (Optional) _____

Please fill out and return to the Chapter (see below)

Student Parent Recruiter Brother Other

Were you contacted in a timely manner? Yes No

Did your High School Guidance Office contact you? Yes No

Please circle a rating for each item:

Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied

Youth Program	1	2	3	4	5
College Fair	1	2	3	4	5
Overall Program (both Program & Fair)	1	2	3	4	5
College Recruiters	1	2	3	4	5
1 st Session: Financial Aid	1	2	3	4	5
2 nd Session: First of Year of College	1	2	3	4	5
Morning Refreshments	1	2	3	4	5
Afternoon Refreshments	1	2	3	4	5
Facilities	1	2	3	4	5
Directions to the School	1	2	3	4	5
Phone Reminders (students)	1	2	3	4	5
Information Letter	1	2	3	4	5

Please give us your suggestions for next year:

Other comments:
