

U.S. ARMY HEALTH PROFESSIONS SCHOLARSHIP AND FINANCIAL ASSISTANCE PROGRAMS (HPSP/FAP) EVALUATION SURVEY

This survey is used to improve scholarship administration. Complete this survey within 10 days after receipt and return to the Medical Education office at the address in this handbook. You are not required to identify yourself.

1. Professional School / Training Institution Attended.	2. Graduation Year <input type="checkbox"/> HPSP <input type="checkbox"/> FAP
3. Health Care Discipline. <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optometry <input type="checkbox"/> Psychology <input type="checkbox"/> Nursing <input type="checkbox"/> Veterinary	4. Academic/Postgraduate Level <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th

Check the appropriate rating category. See rating descriptions below.	1	2	3	4
5. Simplicity of understanding Student Handbook guidance.				
6. Timeliness of information by health care recruiter.				
7. Accuracy of information provided by health care recruiter.				
8. Timeliness of assistance by staff.				
9. Accuracy of information provided by staff.				
10. Courteousness of staff.				
11. Evaluate the reimbursement process. (HPSP only)				
12. Timeliness of Reimbursements. (HPSP only)				
13. Reimbursement price limitations. (HPSP only)				
14. Recommend to colleagues.				
15. Evaluate overall administration.				

1 – Needs improvement. 2 – Acceptable. 3 – Above Average. 4 – Excellent.

16. What does the staff do best?

17. Where does the staff need improvement?

18. How would you change or improve administration?