

Nancy Foster Scholarship Program Exit Survey

The NOAA Office of National Marine Sanctuaries is institutionalizing a program-wide evaluation plan to ensure that all education programs are being assessed for effectiveness against stated program goals and objectives. Therefore, all scholars are being asked to complete the following questionnaire to evaluate the Dr. Nancy Foster Scholarship Program.

Name of Scholar *

Please identify your degree level. *

- Master
- Doctoral

Have you graduated? *

- Yes
- No

If you answered yes above, what was the date of your graduation?

If you are a Master student, will you be pursuing a Doctoral degree?

- Yes
- No
- I don't know

Are you planning on staying within the field of your degree program? *

- Yes
- No
- I don't know

Are you currently employed or will you be employed in the near future? *

- Yes
- No

If you answered yes to the question above, is your job working for any of the following types of organizations?

- Federal government
- State government
- Not for Profit
- Academia
- Other:

If you are currently employed or will be employed, please provide the name of the organization you are/will be working for.

If you are currently employed or will be employed, is your job working in any of the following fields?

- Marine biology
- Maritime Archeology
- Oceanography

To what extent did participating in the Nancy Foster Scholarship Program change your career path? *On a scale of 1-5, please rate how your career path changed as a result of participating in this program.

1 2 3 4 5

It did not change my career path It substantially changed my career path

What was your overall experience in participating in the Nancy Foster Scholarship Program? *On a scale of 1-5, please rate your experience with this program.

1 2 3 4 5

Poor Excellent

Do you have any suggestions on how to improve the Nancy Foster Scholarship Program?

Would you be willing to participate in the Nancy Foster alumni network? *

- Yes
- No

If you answered yes to the question above, please provide your most current email address.

May we contact you at a later date to participate in a longitudinal evaluation survey of NOAA scholars? *

- Yes
- No

Standardized Questions- As part of an ongoing effort to collect consistent evaluation information from all of our programs, please respond to the following statements below. *Instructions: Read each sentence, then choose a value from 1 to 5 that best describes your knowledge and aspirations.

I strongly disagree I disagree I neither disagree or agree I agree I strongly agree

The health of the ocean and the actions of humans are interconnected.

The National Marine Sanctuary System helps to protect marine and Great Lake ecosystems.

I would like to be involved in activities that focus on marine and/or Great Lakes conservation, protection and restoration.

I strongly disagree I disagree I neither disagree or agree I agree I strongly agree

I will consider the health of the ocean and of marine wildlife in my decision-making.

PAPERWORK REDUCTION ACT INFORMATION

NOAA Office of Education administers the Dr. Nancy Foster Scholarship Program in order to promote the education and training of students in NOAA sciences. The information contained in this evaluation will be used to evaluate the Scholarship Program. The information on this form will be treated confidentially. Public reporting burden for this collection of information is estimated to average 0.25 hours per recipient including the time for reviewing the instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to NOAA Office of Education, Dr. Nancy Foster Scholarship Program, 1315 East-West Highway, Room 10725, Silver Spring, MD 20910.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.