



Education Enrollment Satisfaction

MARKING INSTRUCTIONS	
Please fill the response oval completely and print clearly.	
USE BLACK OR BLUE INK (NO RED) to complete the survey.	
CORRECT:	INCORRECT:

OMB Control No. 2900-0782

Throughout the questionnaire, you may be asked to skip certain questions that may not apply to you.

Benefit Information

1. How did you FIRST learn about the education benefit programs? (MARK ONLY ONE)

IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING ABOUT THE EDUCATION BENEFIT PROGRAM.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Online (e.g., benefits.va.gov/GIBill, eBenefits.va.gov, VA website, etc.) <input type="radio"/> Social media websites (e.g., Facebook, Twitter, etc.) <input type="radio"/> Mail (from VA) <input type="radio"/> In person with a VA representative (e.g., School Certifying Official, VA medical center, VA Vet Center, etc.) <input type="radio"/> Transition Assistance Program/Disabled Transition Assistance Program briefings <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____ | <ul style="list-style-type: none"> <input type="radio"/> Other Veterans <input type="radio"/> Other Servicemembers <input type="radio"/> Friends or family <input type="radio"/> Military recruiter <input type="radio"/> School recruiter <input type="radio"/> Other <i>(Please specify):</i> _____ <input type="radio"/> Don't know or not sure |
|--|---|

2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's education benefits or services? (MARK ALL THAT APPLY)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Online (e.g., benefits.va.gov/GIBill, eBenefits.va.gov, VA website, etc.) <input type="radio"/> Social media websites (e.g., Facebook, Twitter, etc.) <input type="radio"/> Phone <input type="radio"/> Mail <input type="radio"/> E-mail <input type="radio"/> In person with a VA representative (e.g., School Certifying Official, VA medical center, VA Vet Center, etc.) <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____ | <ul style="list-style-type: none"> <input type="radio"/> Friends or family <input type="radio"/> Other Veterans and Servicemembers <input type="radio"/> Other <i>(Please specify):</i> _____ <input type="radio"/> Don't know or not sure <input type="radio"/> None of the above |
|---|---|

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Benefit Information (Continued)

3. How did the VA provide you information about the application process for your most recent education benefit application? (MARK ALL THAT APPLY)
- Transition Assistance Program/Disabled Transition Assistance Program briefings
 - Phone
 - Mail
 - E-mail
 - eBenefits.va.gov
 - benefits.va.gov/GIBill
 - In person with a VA representative (e.g., School Certifying Official, VA medical center, VA Vet Center, etc.)
 - Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): _____
 - Other (Please specify): _____
 - Don't know or not sure
 - Did not receive information about application process
4. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about education benefits or services? (MARK ONLY ONE)
- Weekly
 - Monthly
 - Quarterly (every 3 months)
 - Semi-annually (twice per year)
 - Annually (once per year)
 - Never
 - Don't know or not sure
5. How would you like to receive information from VA about applying for education benefits or services? (MARK ALL THAT APPLY)
- Phone
 - Mail
 - E-mail
 - VA website
 - Social media websites (e.g., Facebook, Twitter, etc.)
 - In person with a VA representative
 - Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Please specify): _____
 - Other (Please specify): _____
 - Don't know or not sure

The following question asks you to rate various aspects of your experience with VA Education Benefits, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

6. When thinking about your most frequently used methods of communication please rate your experience in obtaining information about your VA education benefit application on the following items: (MARK ONLY ONE PER ROW)

	Unacceptable			Average				Outstanding			N/A
	1	2	3	4	5	6	7	8	9	10	
a. Ease of accessing information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clarity of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Usefulness of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Frequency of information provided by VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Overall rating of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Benefit Eligibility and Application Process

7. Relative to your separation from active duty, when did you begin to think about or plan the use of your education benefit? (PLEASE RESPOND USING ONE OF THE FOLLOWING CATEGORIES)
- # of Months Prior to Separation (PLEASE SPECIFY 0-24 MONTHS) # of Months After Separation (PLEASE SPECIFY 0-24 MONTHS) # of Years After Separation (PLEASE SPECIFY 2-10 YEARS)
- Don't know or not sure
8. Thinking about your most recent application for education benefits, which of the following benefits were you applying for? (MARK ALL THAT APPLY)
- Post 9/11 GI Bill (Chapter 33 of Title 38, U.S. Code)
 - Montgomery GI Bill Active Duty (Chapter 30 of Title 38, U.S. Code)
 - Montgomery GI Bill Selected Reserve (Chapter 1606 of Title 10, U.S. Code)
 - Reserve Educational Assistance Program (Chapter 1607 of Title 10, U.S. Code)
 - National Call to Service Program (Section 510 of Chapter 31 of Title 10, U.S. Code)
 - Other (Please specify): _____
 - Don't know or not sure

Benefit Eligibility and Application Process (Continued)

9. For your most recent application, did someone from VA (e.g., call center representative, office staff, etc.) provide you with information about the education benefit application process? **(MARK ONLY ONE)**
 Yes No Don't know or not sure Not applicable
10. Thinking about your most recent education benefit application, what method did you use to apply for your benefit? **(MARK ONLY ONE)**
 Veterans Online Application In person at school through a certifying official
 Mail Other (Please specify): _____
 In person with a VA representative Don't know or not sure
11. Prior to receiving this survey, were you aware that your school's certifying official is not an employee of the VA? **(MARK ONLY ONE)**
 Yes No Don't know or not sure
12. Did VA confirm receipt of your application? **(MARK ONLY ONE)** Yes No Don't know or not sure
13. From the time you submitted your application, how long did it take to receive a letter explaining your eligibility for education benefits? **(PLEASE RESPOND USING ANY OR ALL OF THE FOLLOWING CATEGORIES)**
 # of Days # of Months Don't know or not sure

The following question asks you to rate various aspects of your experience with education benefits, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

14. Please rate your experience with the education benefit application process on the following items: **(MARK ONLY ONE PER ROW)**
- | | <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> | | | | | | | | |
|---|---------------------|----------------|--------------------|-----|-----|-----|-----|-----|-----|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| a. Ease of completing the application | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| b. Timeliness of eligibility notification | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| c. Flexibility of application methods | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| d. Overall rating of application process | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | |

Benefit Entitlement

15. Are you eligible to transfer your benefits to a spouse and/or dependent child? **(MARK ONLY ONE)**
 Yes No **(SKIP TO Q17)** Don't know or not sure **(SKIP TO Q17)**
16. Have you already or do you intend to transfer your benefits to a spouse and/or dependent child? **(MARK ONLY ONE)**
 Yes No Don't know or not sure

The following question asks you to rate various aspects of your experience with the Education program, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

17. Please rate your education benefit entitlement on the following items: **(MARK ONLY ONE PER ROW)**
- | | <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> | | | | | | | | |
|--|---------------------|----------------|--------------------|-----|-----|-----|-----|-----|-----|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| a. Amount of financial assistance | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| b. Effectiveness of benefit in helping you achieve your educational or vocational goal | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| c. Timeliness of receiving benefit payment | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (NA) |
| d. Overall rating of benefit payment | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | |

Overall Application Experience

18. Thinking about ALL aspects of your application experience applying for your education benefits, please rate VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **(MARK ONLY ONE)**
- | <u>Unacceptable</u> | <u>Average</u> | <u>Outstanding</u> | | | | | | | |
|---------------------|----------------|--------------------|-----|-----|-----|-----|-----|-----|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |

Overall Experience with VA

19. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (MARK ONLY ONE)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements. (MARK ONLY ONE PER STATEMENT)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I got the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt like a valued customer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I trust VA to fulfill our country's commitment to Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you have any other comments or concerns about your experience?

School Marketing/Recruiter

22. How did the marketing materials or recruiter at the school/university in which you are enrolled influence your decision to enroll in that program? (MARK ONLY ONE)

Definitely did not influence my decision Somewhat influenced my decision Absolutely influenced my decision

23. To what degree was your experience consistent with what was presented to you in any marketing materials or by a recruiter? (MARK ONLY ONE)

Not at all consistent Somewhat consistent Very consistent

24. Was your experience with the program you enrolled in...? (MARK ONLY ONE)

Harder than you expected What you expected Easier than you expected

25. Do you have any comments you would like to add regarding the marketing efforts or recruiter from the school/university you enrolled in?

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THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.

Please return to: J.D. Power and Associates Survey Processing Center
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