SCHOLARSHIP PROGRAM
Applicant Feedback

OVC TTAC
Office for Victims of Crime
Training & Technical Assistance Center

OMB#: 1121-XXXX
Date of Expiration: XXXX

In order to help the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the OVC TTAC Evaluation team have access to information that could identify respondents. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icf.com.

Please provide your e-mail address to enable us to track your engagement with OVC TTAC across offerings and your preferences/insights provided. You will be prompted to provide this same e-mail address each time.

If you do not have an email address or prefer to use a unique identifier, create a username to be used and retained for future OVC TTAC evaluations. Username example: Provide your two-digit birth month, first initial, and middle initial (e.g., 08JD)

_____

OVC Scholarship Program

How did you hear about this OVC Scholarship Program? **(Mark all that apply.)**

- ☐ OVC TTAC website
- ☐ Exhibit or presentation at a conference
- ☐ OVC TTAC listserv
- ☐ OVC program monitor or other OVC staff person
- ☐ Other (please specify): _____
- ☐ Another organization
- ☐ A colleague or friend
- ☐ Publication or newsletter
- ☐ *[another method]*

What month and year did you apply? _____

Which OVC Scholarship Program did you apply to? **(Mark all that apply.)**

- ☐ Professional Development Scholarship
- ☐ *[another program]*
- ☐ Conference Support
- ☐ *[another program]*

Please indicate the extent to which you agree or disagree with the following statements.

APPLICATION PROCESS	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	6
The application was easy to complete.	1	2	3	4	5	6
The application instructions clearly explained the eligibility requirements.	1	2	3	4	5	6
The application instructions clearly explained the expenses covered under the program.	1	2	3	4	5	6
I am satisfied with the notification process.	1	2	3	4	5	6
I am satisfied with the overall application process by OVC TTAC.	1	2	3	4	5	6

What could be done differently to improve the application process?

_____
_____
_____

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Were you awarded *[the Professional Development Scholarship or conference support]*? ☐ Yes ☐ No

If ***yes***, would you have been able to *[attend the desired training or host the desired conference]* without the scholarship award?

☐ Yes ☐ No

If ***no***, were you or will you be able to *[attend the desired training or host the desired conference]* without the scholarship award?

☐ Yes ☐ No

If ***yes***, please provide the following information about the event:

Event title: _____

Date(s): _____ Location: _____

Event Description: _____

_____

_____

Benefit to You: _____

_____

_____

Would you recommend OVC TTAC to others? ☐ Yes ☐ No

Do you have any other comments or suggestions?

_____

_____

_____

Thank you for taking the time to complete this form and helping to improve OVC TTAC activities.