

## Former JFM Scholarship Recipient Survey

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

College/University Attended: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

How did the scholarship affect your college experience: \_\_\_\_\_

\_\_\_\_\_

Are you currently employed:  Yes  No

If employed, what is your current job title and employer: \_\_\_\_\_

\_\_\_\_\_

In what ways would you be willing to support the scholarship program today?

- Financial Donation
- Speaking to Students
- Fundraising