



CRYSTAL CHARITABLE FUND APPLICANT PROGRAM FEEDBACK

We would very much like to hear from you about the program you attended. Your feedback allows us to evaluate your experience in order to improve the work that we do.

Please complete the following questions with as much detail as possible, using additional sheets if needed, and return it to: Crystal Charitable Fund, c/o Oak Park-River Forest Community Foundation, 1049 Lake St. #204, Oak Park, IL 60302.

Name: _____ School attending: _____

Agency that nominated you for grant: _____

1. Describe the activity for which you received a grant. Where was it located? What were the dates? What activities or classes did you attend?

2. Would you judge your trip to be an overall positive experience? ___ Yes ___ No

On a scale of 1 – 10 with ten being the best how would you rank your overall experience?

1...2...3...4...5...6...7...8...9...10

List the positive experiences:

List negative aspects:

