



FINANCIAL ASSISTANCE ACTIVITY EVALUATION FORM

Please complete this form and return it to RAYA within 14 days after completion of the activity. Failure to return this form may result in the recipient being denied future assistance.

Please print

Recipient's name: _____ Age: _____

Home address: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Name of activity: _____ Activity Date: _____

1. Did child attend and complete the activity? _____ If no, why not? _____

2. Why was this particular activity chosen? _____

3. What benefit was this activity to your child? _____

4. Would you recommend this activity to others? _____ If no, why not? _____

5. Please write a short paragraph describing how the financial assistance provided to your family has impacted your child and/or family and any additional comments. _____

Completed by: _____ Date: _____

(Information in item #5 may be used for promotional purposes.
Names and personal information will NOT be used and will remain confidential.)

Please return form to: RAYA, 3200 W. Tienken, Rochester Hills, MI 48306 or by fax: 248-652-9036