

ROTHWELL STEPHENS SCHOLARSHIP IN MATHEMATICS

I agree to administer the Rothwell Stephens Scholarship examination to the student listed below. The examination period lasts two hours. I agree to maintain the strictest security of the examination and return all test materials by February 1.

Please return this form to:

Rothwell Stephens Scholarship, Office of Admission, Knox College, 2 East South Street, Galesburg, IL 61401-4999

Student's name _____

Address _____

City _____ State _____ Zip _____

Teacher's name _____

Department _____

High school _____

School address _____

City _____ State _____ Zip _____

Phone _____

Teacher's signature _____