



**Robert and Betty Steed Memorial Scholarship Fund**

**Verification of Testing Form**

**Robert and Betty Steed Memorial Scholarship Fund**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Signature of the Test Administrator**

The Test Administrator verifies that the above candidate took the following performance test:

\_\_\_\_\_

Location - site, city, state

\_\_\_\_\_

Signature of Test Administrator

Date

\_\_\_\_\_

Name of Test Administrator (please print)

**Please check the Candidate's Test Category:**

RID >      NIC       CDI

BEI

EIPA

QAST  Level 1-3       Level 4-5

Other  \_\_\_\_\_ (name and level)