



Wisconsin Department of Public Instruction
KOHL TEACHER FELLOWSHIP NOMINATION FORM
 HHK-3 (Rev. 02-14)

For Office Use Only

Cosponsored by:
Cooperative Educational Service Agencies
Wisconsin Council of Religious and Independent Schools
Wisconsin Newspaper Association
Wisconsin Department of Public Instruction

INSTRUCTIONS: Send completed public school teacher nomination form postmarked on or before **Friday, September 26, 2014**, to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: CHARLENE KOCI
PO BOX 7841
MADISON, WI 53707-7841

Nomination forms are available and may be submitted online at
<http://www.kohleducation.org>

I would like to nominate the following individual from a public school district to receive a Kohl Teacher Fellowship:

Nominee's Name <i>First, Middle Initial, Last</i>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Position/Grade Level/Subject(s) Taught

School

Address

City	State	Zip
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I am nominating the above individual because: *50 words or less*

Nominator's Name	Check <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Principal <input type="checkbox"/> Teacher <input type="checkbox"/> Other <i>Identify</i> _____		
Nominator's Signature ➤	Date Signed <i>Mo./Day/Yr.</i>	Telephone No. <i>Area Code/No.</i>	
Street Address	Nominator's Email Address		
City	State	Zip	