



Wisconsin Department of Public Instruction  
**KOHL TEACHER FELLOWSHIP NOMINATION FORM**  
HHK-3 (Rev. 01-10)

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 **OR** faxed (608-264-9558) on or before **October 1, 2010**, to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: CHARLENE KOCI**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**

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

Nominee's Name *First, Middle Initial, Last*

Gender

- Female  
 Male

Position/Grade Level/Subject(s) Taught

School

Street

City

State

Zip

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

Nominator's Name

Check  Student  Parent  Principal  Teacher  
 Other *Identify* \_\_\_\_\_

Nominator's Signature

Date Signed

Telephone No. *Area Code/No.*

Street Address

Nominator's Email Address

City

State

Zip

