



Wisconsin Department of Public Instruction
KOHL TEACHER FELLOWSHIP NOMINATION FORM
HHK-3 (Rev. 11-10)

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 **September 30, 2011**, 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

Address

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

