



Wisconsin Department of Public Instruction  
**KOHL TEACHER FELLOWSHIP NOMINATION FORM**  
 HHK-3-P (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:** Nomination forms must be submitted to the central education office for the diocese/jurisdiction with whom the teacher's school is affiliated no later than **Friday, October 1, 2010.**

I would like to nominate the following individual to receive a Kohl Teacher Fellowship:

|   |  |
|---|--|
| Nominee's Name <i>First, Middle Initial, Last</i> | Gender<br><input type="checkbox"/> Female<br><input type="checkbox"/> 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 | <i>Check</i> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Principal <input type="checkbox"/> Teacher<br><input type="checkbox"/> Other <i>Identify _____</i> |
|------------------|---|

|                                |             |                                    |
|--------------------------------|-------------|------------------------------------|
| Nominator's Signature<br><br>➤ | Date Signed | Telephone No. <i>Area Code/No.</i> |
|--------------------------------|-------------|------------------------------------|

|                |                           |
|----------------|---------------------------|
| Street Address | Nominator's Email Address |
|----------------|---------------------------|

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|