



Wisconsin Department of Public Instruction  
**KOHL TEACHER FELLOWSHIP NOMINATION FORM**  
 HHK-3-P (Rev. 02-16)

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 which the teacher's school is affiliated no later than **Friday, September 23, 2016.**

I would like to nominate the following individual 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 <i>First and Last</i>	Check <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Principal <input type="checkbox"/> Teacher <input type="checkbox"/> Other <i>Identify _____</i>
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Nominator's Signature 	Date Signed <i>Mo./Day/Yr.</i>	Telephone No. <i>Area Code/No.</i>
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Street Address	Nominator's Email Address
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City	State	Zip
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