



KOHL'S KIDS WHO CARE[®] NOMINATION FORM

For SMS Use Only	ID	AA	HRS	1-2	4-8	TOTAL

Complete this form, in English, and return it to any participating Kohl's Store by mail or in person to Customer Service. Entry deadline is March 15, 2006.

For Store Use Only	District _____ Store # _____
	Manager's Signature _____

NOMINEE INFORMATION (only one nominee per form)

Nominee's (Child's) Name: First _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP Code _____

Telephone (_____) _____ - _____ HS Graduation Month _____ Year _____

Age as of 3/15/06 _____ Date of Birth: Month _____ Day _____ Year _____ Legal US Resident: Yes No

Who influenced the nominee to volunteer? _____

Please indicate ethnicity (optional: see official rules for details): American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Asian Black/African American Hispanic/Latino White Multi-Racial

NOMINATOR INFORMATION

Nominator's Name: First _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP Code _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____ E-mail _____

How long have you known the nominee? _____ What is your relationship to the nominee? _____

How did you hear of this program? Kohl's Store School Internet Friend/Relative Hospital Newspaper Non-profit

Radio Television Other _____

Tell us about one volunteer service activity that the nominee performed within the past twelve (12) months. The people/organization benefiting from this activity must not be a family member of the nominee. Fill out this form completely and accurately in the space provided. Provide no more than one additional sheet with additional information or other volunteer activity.

Activity or service performed _____

Who benefited from this service? (May be an organization, community or a group) _____

Contact Name _____ Telephone (_____) _____ - _____

1) What specific tasks or components of the activity did the nominee perform? _____

2) Why was the service needed, and what effect has it had on the beneficiary? _____

3) Indicate amount of time nominee spent and number of people served:

Dates / From Month _____ Year _____ To Month _____ Year _____ Number of hours per week _____ Number of people served _____

- 4) In what ways did the nominee demonstrate initiative? _____

- 5) In what ways did the nominee demonstrate creativity? _____

- 6) In what ways did the nominee demonstrate leadership? _____

- 7) In what ways did the nominee demonstrate generosity? _____

- 8) How did the nominee go above and beyond what can be normally expected of someone that age? _____

NOMINATOR'S CERTIFICATION

I certify that the nominee and I meet all eligibility requirements of the program as described in the brochure. The nominee is not an employee or an immediate family member of an employee of Kohl's. I certify that I am 21 or older, and that the information I've provided is accurate to the best of my knowledge and agree to give proof if requested. If the nominee is selected for an award, I agree information on the nomination form may be used by Kohl's for publicity purposes.

Signature of Nominator _____ Date _____

NOMINEE'S AND PARENT'S / GUARDIAN'S CERTIFICATION

I certify that I am not an employee or an immediate family member of an employee of Kohl's and that I meet all eligibility requirements of the program as described in the brochure. On behalf of myself and my minor child, I certify that the information provided on this nomination form is accurate to the best of my knowledge and agree to give proof if requested. If my child is selected for an award, I agree information on the nomination form and his/her photo may be used by Kohl's for publicity purposes. I understand that scholarship winners may be subject to a criminal background check.

Signature of Nominee (Child) _____ Date _____

Signature of Nominee's Parent/Guardian _____ Date _____

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