

**OUTSTANDING KANSAS READING EDUCATOR
APPLICATION FORM**

NAME OF NOMINEE _____

ADDRESS _____

PHONE _____

Current member of _____ Council of KRA.

KRA member _____ years

Educational Experience: (location, position, and dates of employment)

<u>LOCATION</u>	<u>POSITION</u>	<u>DATES</u>
Example: Council Grove Elementary, Council Grove, KS	2 nd Grade Teacher	1984 to present
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify that the above information is complete and accurate.

Signature of Nominee

Date

Name and contact information for KRA member submitting the nomination.

Name _____

Address _____

Phone Number _____

Email address _____
