WILSON
TALENT CENTER
Ingham Intermediate School District

Wall of Fame Nomination Form

Name: _____
(if married, please include maiden name)

Address: _____
street city state zip

Email address: _____

CACC program name and years you **attended**: _____

High School attended: _____

Occupational goals when attending the CACC (now WTC): _____

_____

Please describe your post high school education (college certifications, technical training, degrees earned):

_____

_____

Did you articulate any college credit through the CACC? _____

Current Occupation and Employer (include # of years):

_____

_____

Previous Work Experiences:

_____

_____

How did your education at the CACC help you get where you are today? (Please feel free to include any information about your current position that you are comfortable sharing – title, salary, attach another page if needed):

_____

_____

_____

Please describe ways you have given back to the industry in which you are employed?

_____

_____

_____

_____

_____ _____

Signature ***Date***

Form must be returned by Friday, February 1, 2019
Email completed forms to: dwantor@inghamisd.org