



CCCT BOARD
BIOGRAPHIC SKETCH FORM

Must be returned to the League office **postmarked no later than February 16, 2016**, along with the nominating form and statement of candidacy. **Faxed and/or electronically mailed material will not be accepted.**

PERSONAL

NAME:	DATE:
ADDRESS:	CITY & ZIP CODE:
PHONE:	EMAIL:

EDUCATION

EDUCATION
CERTIFICATES/DEGREES:

PROFESSIONAL EXPERIENCE

PRESENT OCCUPATION:
OTHER:

COMMUNITY COLLEGE ACTIVITIES

COLLEGE DISTRICT WHERE BOARD MEMBER:
YEARS OF SERVICE ON LOCAL BOARD:
OFFICES AND COMMITTEE MEMBERSHIPS HELD ON LOCAL BOARD:

STATE ACTIVITIES

(CCCT and other organizations boards, committees, workshop presenter, Chancellor's Committees, etc.)

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NATIONAL ACTIVITIES

(ACCT and other organizations, boards, committees, etc.)

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CIVIC AND COMMUNITY ACTIVITIES

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OTHER

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