

SCOPE Declaration of Candidacy Form
Office of the President 2023-2024

Name: _____

Mailing Address: _____

Home Telephone: (_____) _____

Home Email: _____

Employing Agency: _____ Institution: _____

Site Address: _____

Work Telephone: (_____) _____ Ext. _____

My signature affirms that I am a member in good standing of the State Council of Professional Educators. I fully agree that, if elected to the position of SCOPE President, I shall willingly carry out the duties and responsibilities as stated in the SCOPE Constitution & Bylaws.

Signature: _____ Date: _____

RETURN TO:
SCOPE Elections Committee
PO Box 305
Hayesville, Ohio 44838

**Biography Information Sheet
OFFICE OF THE PRESIDENT
Candidate Biography**

Please complete the following information of your biography:

Name: _____

Time with the Department: _____

Job Title: _____

Please provide a brief description of your qualifications and why you are seeking the office: (Please limit this to 5-8 sentences)
