

**SCOPE DECLARATION OF CANDIDACY FORM
DELEGATE TO THE OEA REPRESENTATIVE ASSEMBLY
2023-2024**

NAME: _____

MAILING ADDRESS: _____
(number and street)

(city and zip code)

HOME TELEPHONE: _____
(include area code)

Home EMAIL: _____

EMPLOYING AGENCY: _____

INSTITUTION: _____

SITE ADDRESS: _____
(number and street)

(city and zip code)

WORK TELEPHONE: _____
(include area code)

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

SIGNATURE: _____ DATE: _____

SCOPE Elections Committee
PO Box 305
Hayesville, OH 44838

OEA Delegate

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)
