

SCOPE DECLARATION OF CANDIDACY FORM
DELEGATE TO THE NEA REPRESENTATIVE ASSEMBLY

The elected delegate will be responsible to provide their own transportation and lodging upon their election to NEA Assembly in 2023. Expenses will be reimbursed per the SCOPE Expense Policy.

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 and Ext.)

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 NEA 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

Biography Information Sheet
NEA 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)
