

S.C.E.A. Representative Council

Declaration of Candidacy Form

Only the individual wishing to have their name on the ballot may submit this form. *An incomplete form will not be accepted.*

Elected representatives will serve a two-year term.

Name:

Email

School:

Discipline Area:

Indicate (circle or **highlight): Full Time Rep. or Part Time Rep.**

Date:

Signature: _____

Email form to scea@swccd.edu or deliver to SCEA Office, Room 104.