

SOFIA Airborne Astronomy Ambassador Cycle 1

Administrator / Supervisor Declaration Letter of Support

To be completed by

- a principal, vice-principal (for formal teacher applicants) or
- a supervisor (for informal educator applicants)

I, _____, _____,
PRINT NAME PRINT TITLE

have read the SOFIA Airborne Astronomy Ambassador application information.

I support the application of _____
PRINT EDUCATOR'S NAME

(Initials)

_____ to implement a curriculum component in the classroom or informal environment,

_____ to travel to SOFIA's home, Palmdale, CA for one week,

_____ to participate in the online graduate course Astronomy for Teachers,

_____ and to complete outreach activities within the next two years.

Signature

Date