Dear Principal, Supervisor, or Administrator,

The MAVEN Educator Ambassador (MEA) program is a NASA-funded program that will focus on in-depth learning experiences around Earth, Space, and Physical Science topics for educators teaching in middle and high school grades. The goal of the MEA program is to develop the capacity and provide the opportunity for educators to train other teachers on NASA science and educational resources. We expect that this type of training will help your school's students succeed in their science, technology, engineering, and math studies. The program is being conducted by NASA education professionals from both the Space Sciences Laboratory at the University of California, Berkeley, and the Laboratory for Atmospheric and Space Physics at the University of Colorado, Boulder.

Participating educators in the MEA program will take part in a 5-day workshop in Greenbelt, MD this year. In the following year, they will incorporate the MEA lessons into their classrooms when appropriate. They will also present at one or more state science education conferences or other relevant conferences. In addition, participants will contribute to the establishment of a network of educators through ongoing communication and support to sustain the learning community established through this program.

Lodging for non-local attendees, light breakfast, lunches and a stipend associated with participation in the workshop in August will be covered by the NASA funds.

The member of your staff, listed above, has submitted an application for participation in the MAVEN Educator Ambassador (MEA) Program. Since the MEA Program implies a significant commitment of time, a dedication towards classroom implementation, a commitment to train other educators, and active participation in a regional network, it is very important to us that we have institutional support for all participants. For this reason, we request that an appropriate institutional leader sign the following commitment letter.

Statement of Commitment: I certify that _________________________________ (Institution) will fully support the participation of the applicant named above and understand that she/he will be taking part in the above mentioned activities.

Signature of Institutional Leader: _________________________________ Date: _____________

Name of institutional Leader: ________________________________ Title: ___________________________

Address: _________________________________________________________

City: ___________________________ State: ____________________ Zip: _____________

Phone: _________________________ Email: ________________________________________

Please return this completed form: -Scan or photograph and attach to the online form (preferred):

https://adobeformscentral.com/?f=ueGjM5dNSYJT5BCey%2A1ZlQ

or -Fax to 303-735-3737 Attention: Erin Wood