

## ***My Sky Tonight* Institutional Endorsement Form for**

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**First & Last Name**

Dear Director, Supervisor, or Administrator:

*My Sky Tonight* (MST) is a program from the Astronomical Society of the Pacific (ASP) in partnership with a team of early childhood researchers and museum educators. We have been awarded a National Science Foundation grant, *My Sky Tonight: Early Childhood Pathways to Astronomy*, to study how 3- to 5-year-old children best learn and explore astronomy, and to develop a set of engaging astronomy activities for this age group, to be used in programs at children's museums and science centers.

The member of your staff listed above has submitted an application for participation in a six-week *My Sky Tonight* online workshop. S/he applied for the workshop(s) occurring during the following time periods (check all that apply):

- September 19 - October 28, 2016
- October 11 - November 18, 2016
- January 17 - February 24, 2017
- February 27 2016 - April 7 2017

Each participant will be chosen to participate in one of the workshops, since they each have identical content. We believe that administrative support leads to more successful partnerships between informal educators and the MST team. Therefore, please certify your institution's support for this applicant's participation in MST by completing and returning this **two-page** Institutional Endorsement Form to the MST Selection Committee. Institutional Endorsement Forms are **required** for all *My Sky Tonight* workshop applicants and applications will be considered **incomplete** until the MST Selection Committee has received a completed form.

Director/Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Institutional Endorsement Form for:**

\_\_\_\_\_ (continued)

**First & Last Name**

**Statement of Endorsement:** I hereby certify that

\_\_\_\_\_  
**Institution**

will support the participation of the applicant listed at the top of this form in the *My Sky Tonight* (MST) program and understand that he/she will be taking part in the following:

- Participating 3 - 4 hours of learning activities (live webinars, asynchronous forum discussions, readings, hands-on activities) per week during the 6-week period of the workshop.
- Logging the use of My Sky Tonight activities at your institution for a period of at least one year, with a minimum of four events in that year. Logs will be submitted via an online form.
- Participating in the *Astronomy from the Ground Up* online community, a support network of peers from all over the country that have participated in similar astronomy workshops for informal educators.

I understand that, if selected, the applicant will receive a free toolkit of educational materials. I further understand that MST-related astronomy programming costs at our institution, if any, are the institution's responsibility.

Signature:

Date: \_\_\_\_\_

**Please submit the completed Institutional Endorsement form to:**

Mail:  
MST Selection Committee  
Astronomical Society of the Pacific  
390 Ashton Ave.  
San Francisco, CA 94112

Fax:  
**(415) 337-5205**

Scan & Email:  
[afgu@astrosociety.org](mailto:afgu@astrosociety.org)