



**Principal Statement of Support**

**Re: ABE Teacher Recognition Grant**

Dear Principal,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is applying for an Amgen Biotech Experience (ABE) Teacher Recognition Grant from the Shoreline Community College ABE site.

Your signature below confirms that the teacher listed above will be teaching during the 2016-2017 school year and assures your commitment to allow the teacher to spend any grant money received from Shoreline ABE for curriculum development and/or implementation.

If you have any questions, please contact:

N. Jan Chalupny, PhD, Biotechnology Outreach Manager, Shoreline Community College:

Phone 206.533.6633

Email nchalupny@shoreline.edu

**Principal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Signature:** **Date:**

**Teacher Statement of Commitment**

If I receive an ABE Teacher Recognition Grant from the Shoreline Community College ABE site, I agree to use the funds received to develop/design new curricula and/or expand the use of the current ABE curriculum in my classroom. If I receive a Track 1 grant to develop/design new curricula, I agree to post said curricula on the ABE website by June 30, 2017.

**Principal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Signature:** **Date:**