



Fred Hutch Cancer Center

Coding for Cancer 2024

Thank you for your interest in the Coding for Cancer program at Fred Hutch Cancer Center!

DEADLINE

The application must be submitted by **11:59 pm PT on March 31st, 2024**. Please apply early. A PDF preview of the application can be found [here](#). Do not fill out the preview PDF, it will not count as an application submission.

Recommendations must be submitted by **11:59 pm PT on April 7th, 2024**. Your recommender will receive an email from us at the address provided on the application with a link to the short recommendation form. Please make sure that they submit the form on time. When they submit the form you will receive a confirmation email.

ELIGIBILITY

Students should...

- Be entering 11th or 12th grade in Fall 2024.
- Preferably live in Washington state.
- Apply even if they have no coding experience.
- Be available for all of the program dates/times.

The program is specifically designed for students from [backgrounds systemically excluded from careers in biomedical science](#) as defined by the National Institutes of Health.

This course will teach the R programming language and environment. The program will accommodate a range of prior knowledge, including those with no coding experience. We will work with students who do not have access to technology to gain the necessary equipment and

internet for the duration of the program. Students will receive a participant award upon completion of the program.

If you still have questions, or for technical issues, contact CodingForCancer@fredhutch.org.

Applicant Information

First Name *



This field is required.

Last Name *

Preferred name or nickname

Email *

Confirm Email

example@example.com

Home Address *

Street Address

Street Address Line 2

PREVIEW ONLY

City *

State *

Zipcode *

How did you hear about Coding for Cancer?

e.g. teacher at Garfield High School, Rainier Scholars Program staff, Boys & Girls Club

Primary Adult Contact Information

Primary Adult Contact First Name *

Primary Adult Contact Last Name *

Relationship of Adult Contact to You

- Parent/Guardian
- Other relative
- Teacher
- Friend
- Other

Primary Adult Contact Email *

example@example.com

Primary Adult Contact Phone Number *

-

Area Code

Phone Number

Primary Adult Contact Address (if different from yours)

Street Address

PREVIEW ONLY

Street Address Line 2

City

State

Zipcode

Personal Information

Date of Birth



Date

Gender

- Male
- Female
- Non-Binary
- Something else
- Prefer not to answer

How do you identify your gender? Please include pronouns. (Optional)

Ethnicity

- Hispanic or Latinx
- Not Hispanic or Latinx
- Prefer not to answer

Please select the category or categories that you identify with. Check all that apply.

- American Indian/Alaskan Native or Indigenous People of North America
- Asian
- Black/African
- Native Hawaiian/Pacific Islander

PREVIEW ONLY

- White
- Prefer not to answer

American Indian/Alaskan Native or Indigenous People of North America. Please select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Colville |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Hoh | <input type="checkbox"/> Jamestown |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Lummi |
| <input type="checkbox"/> Makah | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Nisqually |
| <input type="checkbox"/> Nooksack | <input type="checkbox"/> Port Gamble Clallam | <input type="checkbox"/> Puyallup |
| <input type="checkbox"/> Quileute | <input type="checkbox"/> Quinault | <input type="checkbox"/> Samish |
| <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Spokane | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Stillaguamish | <input type="checkbox"/> Suquamish | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Tulalip | <input type="checkbox"/> Upper Skagit | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Other American Indian | <input type="checkbox"/> Other Washington Indian | <input type="checkbox"/> Prefer not to answer |

Asian. Please select all that apply.

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong | <input type="checkbox"/> Indonesian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Thai | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Prefer not to answer | |

Black/African. Please select all that apply.

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> African/White | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Eritrean |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Gambian | <input type="checkbox"/> Ghanaian |
| <input type="checkbox"/> Ivorian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other Black/African |
| <input type="checkbox"/> Senegalese | <input type="checkbox"/> Somalian | <input type="checkbox"/> Prefer not to answer |
- Black American (multiple generations in America with African heritage)

Native Hawaiian/Pacific Islander. Please select all that apply.

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Mariana Islander |
|---------------------------------|---|---|

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Melanesian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Prefer not to answer | | |

White. Please select all that apply.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> European | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> North African |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Prefer not to answer | |

How do you identify your race, ethnicity, and/or geographic heritage? (Optional)

Are you a person living with a disability?

- Yes– I have or have had a disability
- No
- Prefer not to answer

Do you qualify for free and reduced meals at your school?

- Yes
- No
- Prefer not to answer

Can you answer “yes” to TWD or more of the questions below?

If so, you meet the NIH criteria for disadvantaged backgrounds. For more information about the questions, and definitions [click here](#).

- Were you or are you currently homeless/houseless?
- Were you or are you currently in the foster care system?
- Were you or are you eligible for the Federal Free and Reduced Lunch Program for two or more years?
- Have none of your parents/guardians completed a bachelor’s degree?
- Were you or are you currently eligible for Federal Pell grants?
- Have you received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child?
- Did you grow up in one of the following areas: a) a U.S. rural area or b) Centers for Medicare and Medicaid Services–designated Low–Income and Health Professional Shortage Areas. [See this link](#) for information about these areas. Only one of the two possibilities listed can be used as a criterion for the disadvantaged background definition.

The criteria for disadvantaged are detailed in Section C of [this online NIH document](#).

- Yes
 - No
 - I don't know
 - Prefer not to answer
-

For the question below, you can use [these guidelines](#) to determine who "parents/guardians" refer to.

What is the highest degree any one of your parents/guardians has earned?

- No secondary school (no high school diploma)
- High school diploma or equivalent
- Associate degree (AA or AS) or vocational degree
- Bachelor's degree (BA or BS)
- Master's- or doctoral-level degree (MS, MA, MPH, PhD, MD, JD, DDS, etc)
- I'm not sure, but I know at least one of my parents went to college of some kind
- I don't know
- Prefer not to answer

Do you personally know someone who is a scientist or who works in science? *

- Yes
 - No
 - Unsure
-

Education

Name of Your High School *

What year do you expect to graduate from high school? *

- 2024
 2025
 2026
 Other

Do you plan on going to college/university? *

- Yes, a 4 year college or university
 Yes, a community college or technical school
 No
 Unsure

Transcript

Please upload a PDF or picture file (.png or .jpg) of your transcript. *

No file chosen

A transcript is a document that lists all of the classes you have taken so far in high school and your grades. If this year's grades are not available, the most recent available grades are acceptable. They can usually be obtained from your school's main office. If you have transcripts from more than one school, please combine them into a single file (<https://www.adobe.com/acrobat/online/merge-pdf.html>) or upload the most recent.

Recommendation

Your recommender should be a teacher who can speak to your science interest. Please double check the spelling of the email address for your recommender. Always ask your recommender if they are willing to serve as a recommender for you before submitting the application.

Recommender First Name ***Recommender Last Name *****Recommender Email Address *****Confirm Email**

Short Answer Questions

Why are you interested in the Fred Hutch Coding for Cancer Program? What do you hope to take away from this experience? (Limit 250 words) *

0/250

List three words your friends would use to describe you. Then, please explain why they would use those words. (Limit 250 words) *

0/250

We know there are many things you want to do in the future, but what is one thing you can imagine yourself doing 10 years from now? (Limit 250 words) *

0/250

We know online learning comes with challenges, we want to know what strategies would best support you and your learning. Please describe your online/virtual learning experience. Include strategies that worked well for you and those that didn't. (Limit 250 words) *

0/250

Describe a challenge or obstacle you faced and how you overcame it. (Limit 500 words) *

0/500

Tell us a story about something you did or that happened to you that reveals a little about who you are as a person. This can be something from school, home, sports, volunteer work, a paid job you have, or anything else. There are no limits! We want to learn what's important to you, and what has influenced you as a person. (Limit 500 words) *

0/500

Anything else you'd like us to know about you?

0/250

PREVIEW ONLY

Student Agreement *

- I understand that attendance and full participation in the entire summer workshop are MANDATORY for all students accepted. By clicking on this box I am committing to attending the entire program if selected.

Please verify that you are human *

I'm not a robot reCAPTCHA
Privacy - Terms

Answers are not submitted until you click "Submit Application" on the final page.

Clicking the "Submit Application" button will submit your application to the Coding for Cancer program at Fred Hutch Cancer Center. Changes cannot be made once you submit your application.

Preview Answers

PREVIEW ONLY