

This is **ONLY A PREVIEW** of the application for the 2024 Fred Hutch Pathways Undergraduate Researchers Program for **returning applicants**. Applicants can use this to prepare all required materials in advance

**Do NOT submit this PDF as an application.**

Submit your application at [www.fredhutch.org/pathways-undergrads](http://www.fredhutch.org/pathways-undergrads)

## Applicant Information

- First Name \*                      Last Name \*
- E-mail \*
- Home Address
- Cell Phone
- Home Phone
- How did you hear about this opportunity? Check all that apply.
  - Fred Hutchinson Cancer Research Center Website
  - Teacher or School Counselor
  - Fellow Student
  - Other

## Personal Information

*Our program is supported by the National Institutes of Health (NIH). We are required to report the diversity of applicants and participants to NIH. This internship program is specifically designed for individuals from disadvantaged backgrounds, those with disabilities, those from racial/ethnic groups underrepresented in health sciences, or those who will be the first generation in their family to attend college.*

- Date of Birth
- Gender: (Optional)
- How do you self-identify your gender? (Optional)
- Ethnicity: (Optional)
  - 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. (Optional)

- American Indian/Alaskan Native/Indigenous People of North America
- Asian
- Black/African
- Native Hawaiian/Pacific Islander
- White
- Prefer not to answer

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

- Do you come from a disadvantaged background?

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

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

- No high school diploma
- High school diploma or equivalent
- Associate degree (AA or AS)
- Bachelor's degree (BA or BS)
- Master's- or doctoral-level degree
- 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

*You can use [these guidelines](#) to determine who "parents/guardians" refers to.*

## Education

- Are you currently enrolled in a 2- or 4- year college/university? \*

- Yes
- No
- Will start college in Fall 2024

Current School

- School Name \*
- Dates MM/YYYY – MM/YYYY (expected graduation date)
- Major

- GPA
- Previous School (if applicable)
  - School Name
  - Dates MM/YYYY – MM/YYYY (expected graduation date)
  - Major
  - GPA

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**Transcript (PDF only, max 2MB)**

We examine the whole application. Students who are dedicated to learning, regardless of their GPA, are encouraged to apply. \*

*Attach a copy of your most current cumulative course and grade list. Unofficial transcripts are acceptable.*

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- Have you taken college-level biology? \*
- Have you taken college-level chemistry? \*
- What is the highest degree you intend to attain? \*
  - BA/BS
  - MPH
  - MA/MS
  - MD
  - PhD
  - MD/PhD
  - Other
- Are you interested in an internship in biostatistics, computational biology, or mathematics?
- Do you have any programming or coding experience or skills?
- Interns are placed in research groups using different methods to solve biomedical research questions, which do you prefer:
  - Wet Lab – working at a lab bench
  - Computational Group – working on a computer with big data sets
  - Either wet lab or computational group
  - Other

- The internship is a full-time research experience from June 17 to August 16, 2024. Barring any unforeseen circumstances, can you commit to this entire period? \*
- Have you participated in a Fred Hutch internship (SHIP and/or Pathways Undergrads) in previous years? \*

## Short Essay Questions

*We recommend that you prepare your responses in a word processor (e.g. Microsoft Word, Google Docs), review your responses for clarity and errors, and then paste your responses into the boxes below. The questions below are required. Essay questions will appear AFTER you answer the question above on previous Fred Hutch internship participation. Each response has a 1,000 character limit.*

**Short Essay 1:** Why do you want to return to the Hutch for another summer of research?

**Short Essay 2:** Please detail the most difficult thing you experienced since you were last here and how you are overcoming or dealing with it.

**Short Essay 3:** The success of our program relies on returning interns contributing at all levels beyond individual lab research. This is part of giving back to our community. How will you give back to the program as a returning intern?

## Letters of Recommendation

Enter the names and e-mail addresses for two individuals who will submit recommendations on your behalf. An e-mail will be sent to these individuals with a link to the recommendation form. We suggest you contact your references directly to ensure they have received the message.

Recommendations should come from staff or faculty at your school (e.g., counselors and teachers) or from an employer. References from personal acquaintances (e.g. family, friends, neighbors) are discouraged.

- Recommender 1 First Name \*      Recommender 1 Last Name \*
- Recommender 1 Email \*
- Recommender 2 First Name \*      Recommender 2 Last Name \*
- Recommender 2 Email \*

## Equal Employment Opportunity / Affirmative Action Voluntary Self-Identification Information

Fred Hutch is an Equal Employment Opportunity and Affirmative Action employer. We seek, celebrate, and leverage diversity to support our mission and strengthen our culture of creativity, innovation, and lifesaving research and patient care. We support equal employment opportunity in hiring, development,

and advancement for all qualified persons without regard to race, color, religion, age, sex, national origin, ancestry, physical or mental disability, veteran status, sexual orientation, gender identity, marital status, or any other protected status. We are required to compile the following information for statistical purposes in order to comply with federal regulations relating to Equal Employment Opportunity and Affirmative Action requirements. To comply with these requirements, we invite you to voluntarily self-identify your gender, ethnicity/race, veteran status, and disability status. Your answers will not be used against you in any way. Please know that the information obtained will be kept confidential and will only be used for government reporting purposes. When reported, data will not identify any specific individual.

### Voluntary Self-Identification of Veteran Status

Fred Hutch is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Job for Veterans Act 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment of (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- **Disabled Veteran** includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.
- **Recently Separated Veteran** includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **Active Duty Wartime or Campaign Badge Veteran** includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our applicants belonging to these categories. We request this information in order to measure the effectiveness of our outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- Please indicate:
  - I am a protected veteran
  - I am a veteran, but not a protected veteran
  - I am not a veteran
  - Decline to Answer
- Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1866-4-USA-DOL.

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 5/31/2023

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. [Note 1] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Blindness
- Deafness
- Cancer
- Intellectual disability
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Diabetes
- Muscular dystrophy
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Schizophrenia

- Please check one of the boxes below:
  - YES, I HAVE A DISABILITY (or previously had a disability)
  - NO, I DON'T HAVE A DISABILITY
  - I DON'T WISH TO ANSWER
- Your Name:                      First Name                      Last Name      ○ Today's Date