



Fred Hutch Cancer Center

This is **ONLY A PREVIEW** of the application for the 2024 Fred Hutch Summer High School Internship Program. 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/ship

Summer High School Internship Program

The Summer High School Internship Program is an eight-week internship at Fred Hutch in Seattle for rising seniors. Please review the program [details](#) and the instructions below. A [PDF of the application](#) is available for your review. You must use this online form to submit an application. The [PDF](#) is for your reference only.

The application has two online components — this applicant section that you complete and a separate online recommendation form that your references complete. We require two recommendations for your application to be considered.

Proofread your application and essays carefully. You will not be able to go back into the system after you submit your application. Your references will not receive a recommendation request until your portion is submitted.

Applicant Component

To apply, you must:

- Fill out this online form, which includes a number of short-response essays
- Provide email addresses for two references
- Supply a PDF of your recent school transcript and a PDF of your resume

References Component

Once you complete your part of the application, we will email a recommendation link to your references. Submit your section early so your references have time to complete their form.

All application materials, including references, are due by 11:59 pm on March 31, 2024.

If you have technical problems, please contact HSInternship@fredhutch.org and include specific information about the problem in your message.

Applicant Information

First Name *

Last Name *

Email *

example@example.com

example@example.com

Home Address *

Street Address

Street Address Line 2

City *

State *

Zipcode *

Cell Phone *

(555)

Area Code

- 555-5555

Phone Number

Home Phone

-
Area Code Phone Number

How did you hear about this opportunity? Check all that apply.

- Fred Hutchinson Cancer Center Website
- Teacher or School Counselor
- Fellow Student
-

Personal Information

Our program is partially 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, and/or those who will be the first generation in their family to attend college.

Date of Birth *


Date

- Gender (Optional)**
- Male
 - Female
 - Non-binary
 - Prefer not to answer
 - Prefer something else

How do you 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 or 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?

- Yes
- No

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) 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

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

Education

Current School

School Name *

Dates *

MM/YYYY - MM/YYYY (expected graduation date)

GPA *

Previous School (if necessary)

School Name

Dates

MM/YYYY - MM/YYYY

GPA

Have you taken high school biology? *

Yes

No

Have you taken high school chemistry? *

Yes

No

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

2024

2025

2026

Other

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?

Yes

No

Do you have any programming or coding experience or skills?

Yes

No

The internship is a full-time research experience from June 24 through August 16, 2024. Barring any unforeseen circumstances, can you commit to this entire period? *

Yes

No

Supporting Documents

Please wait until your attachments have successfully uploaded before moving on (i.e. a couple minutes).

Transcript (max 2MB) *

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

Resume (PDF only, max 2MB) *

Recommendation Forms

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 *

example@example.com

Type the email carefully, a mistyped or incorrect email address will prevent your recommender from receiving important instructions.

Recommender 2 First Name *

Recommender 2 Last Name *

Recommender 2 Email *

example@example.com

Type the email carefully, a mistyped or incorrect email address will prevent your recommender from receiving important instructions.

Short Essay Responses

Please respond to the four prompts below using specific examples, full sentences, and complete paragraphs. Ask others to review your responses for content, clarity, and grammar. Each essay has a **200-word limit**, including spaces.

Please visit fredhutch.org/SHIP for application tips, answers to FAQs and further program information.

Why do you want to participate in the Summer High School Internship? What do you hope to gain? *

0/1000

Describe how you will contribute to the activities with fellow interns. *

0/1000

Detail a challenge you faced and the steps you took to overcome it or how you're dealing with it. *

0/1000

Please share something about yourself that is important for us to know.

0/1000

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.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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 1-866-4-USA-DOL.

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 04/30/2026

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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 records of such impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal, for example, Crohn's
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder,

- Cardiovascular or heart disease
- Celiac disease
- Cerebral Palsy
- disease, or irritable bowel syndrome
- Intellectual disability
- schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

[Note 1] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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