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# Coding for Cancer 2025

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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 30th, 2025**. 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 6th, 2025**. 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 2025.
- Preferably live in Washington state.
- Apply even if they have no coding experience.
- Be available for all of the program dates, times, and locations.

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 Python 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](mailto:CodingForCancer@fredhutch.org).

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## Applicant Information

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First Name \*

Last Name \*

Preferred name or nickname

**Email \***

example@example.com

**Home Address \***

Street Address

Street Address Line 2

**City \***

**State \***

**Zip Code (5 digits only) \***

Ex. 99510

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

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

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## Primary Adult Contact Information

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**Primary Adult Contact First Name \***

**Primary Adult Contact Last Name \***

**Relationship of Adult Contact to You**

- Parent/Guardian
- Teacher
- Friend
- Other relative

**Primary Adult Contact Email \***

example@example.com

**Primary Adult Contact Phone Number \***

**Primary Adult Contact Address (if different from yours)**

Street Address

Street Address Line 2

**City**

**State**

**Zip Code (5 digits only)**

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## Personal Information

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**Date of Birth \***

Date

**Gender \***

- Male
- Female
- Non-binary
- Not listed
- 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. Note that selecting a broader category may reveal more specific options. \*

- 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)

## 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.

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

**Please indicate:**

- I am a protected veteran
- I am a veteran, but not a protected veteran
- I am not a veteran
- Prefer not to answer

## Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number: 1250-0005

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Expires 04/30/2016

### 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](http://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:*

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example,

- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral Palsy
- Deaf or hard of hearing
- Diabetes
- Epilepsy or other seizure disorder
- Gastrointestinal, for example, Crohn's disease, or irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other support
- Attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

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 Have A History/Record Of Having A Disability
- Prefer not to answer

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

Were you ever homeless/houseless? \*  Yes  No  Don't know  Prefer not to answer

Were you ever in the foster care system? \*  Yes  No  Don't know  Prefer not to answer

Do you qualify for free and reduced meals at your school?  Yes  No  Don't know  Prefer not to answer

To determine if you are Pell Grant Eligible, please [visit this website](#).

**Were you ever eligible for Federal Pell grants? \***  Yes  No  Don't know  Prefer not to answer

**Have you ever received support from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), also known as food stamps or EBT? \***  Yes  No  Don't know  Prefer not to answer

**Do you identify as being part of a group historically underrepresented in biomedical research? \***  Yes  No  Don't know  Prefer not to answer

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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 high school diploma
- High school diploma or equivalent
- Associate's 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

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## Education

**Name of Your High School \***

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

- 2025
- 2026
- 2027
- 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

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## Transcript

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

Browse Files

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.

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## 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

example@example.com



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## Short Answer Questions

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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

**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