



Fred Hutch Cancer Center

Hutch Fellowship for Excellence in STEM Teaching

Priority Deadline for Applications: March 16th, 2025 11:59pm PST

Priority Deadline for Recommendations: March 30th, 2025 11:59pm PST

The Hutch Fellowship for Excellence in STEM Teaching is a two-summer program for science educators seeking an in-depth, biomedical research experience at Fred Hutch. The fellowship provides support for two paid summers of cancer-focused research experience in a host lab, with additional school year follow-up. While this program is designed for secondary life science teachers, it is open to other STEM teachers as well. Teachers who have completed the [SEP summer professional development](#) are particularly encouraged to apply. We recommend that you visit the Hutch Fellowship for Excellence in Teaching program website and the [Hutch Teacher Fellowship Blog](#) before applying to develop an understanding of the program.

Before you apply, we recommend that you review [the PDF with a summary of the application questions](#). For more information on the program please visit [our website](#).

Fellowship applicants must be:

- A middle or high school science teacher
- Currently employed and teaching science
- Interested in learning more about cancer research and related careers
- Willing to collaborate to develop a cancer-related curriculum in conjunction with Fred Hutch scientists/education staff and other fellowship teachers
- Committed to piloting lessons with students and developing lesson revisions
- Available for the entire duration of the program

In addition, please note that a social security number (SSN) or tax identification number (TIN) is required on intake forms.

Directions for Applying Online

To finish your application, you will need to upload a pdf of your current resume.

At the end of the application, it will ask you to review your answers. At the bottom of the review page, you **must** click "**Submit Application**" for your application to be submitted.

After finishing the application, an automatic email will be sent to your listed **principal/school representative** with a link to a Principal Commitment of Support Form. Please let this person know to expect an email from us within 24 hours with a link to the form to complete and ask them to check their spam and junk inboxes. Your principal/school representative must submit this form by **May 30, 2025 11:59 pm PST** to meet the priority deadline. If you have concerns about meeting these deadlines, please reach out to us at sep@fredhutch.org.

Once your application is submitted, you will receive a confirmation email within 24 hours. Please make sure to check your spam and junk inboxes. We anticipate that notifications of acceptance will be sent out by May 2025.

Personal Contact Information

First Name *

Last Name *

Nickname or preferred name

What pronouns do you use? (Optional)

Personal Email *

This is the email we will use for correspondences about your application

Home Address *

Street Address

Street Address Line 2

City *

State *

Zip Code (5 digits only) *

Ex. 99510

Cell Phone

(555) 555-5555

Date of Birth *

MM-DD-YYYY 

Date

School Contact Information

School Name

School Address

Street Address

Street Address Line 2

City

State

Please Select 

Zip Code (5 digits only) *

Ex. 99510

School Email *

Confirm Email

School Phone Number

(555) 555-5555

Preview Only

Which email do you want us to use to primarily contact you? *

- Personal email
- Work/school email
- Either works

Emergency Contact Information

First Name

Last Name

Address (only if different from yours)

Street Address

Street Address Line 2

City

State

Please Select



Zip Code (5 digits only)

Emergency Contact Email

example@example.com

Emergency Contact Phone Number

Relationship to you

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

- Fred Hutchinson Cancer Center Website
- Fred Hutchinson Cancer Center Social Media
- SEP Electronic Newsletter
- SEP Events (Ex: Fall Kick-Off)
- Local Educational Service District
- Administrator or Science Specialist
- Fellow Teacher/Colleague
- Other

This program is supported through funding from the National Cancer Institute (NCI) at the National Institutes of Health (NIH). The Youth Enjoy Science (YES) program (PAR-17-059) specifically seeks to "facilitate the education of students from diverse backgrounds underrepresented in biomedical research who will become knowledgeable about cancer, and available to focus on cancer later in their careers," which includes providing research experiences for teachers who serve underrepresented student populations. Please know that the information obtained will be kept confidential. When reported, data will not identify any specific individual.

Do you work at a private/independent school, parochial school, or public school? *

- Private or Independent
- Parochial
- Public
- Other

What grade level do you currently teach? *

- Middle School
- High School
- Other

Which of these courses do you currently teach? (Select all that apply)

- AP Biology
- IB Biology
- General Bio or Life Science
- Honors Bio
- Biotech
- Forensics
- Other

Estimate the OVERALL percentage of your students who qualify as an underrepresented minority in STEM as defined by the NSF (Hispanic or Latino/a, African American/Black, American Indian or Alaskan Native)? *

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0-10% | <input type="radio"/> 10-20% |
| <input type="radio"/> 20-30% | <input type="radio"/> 30-40% |
| <input type="radio"/> 40-50% | <input type="radio"/> 50-60% |

60-70%

80-90%

Not sure/Don't know (please explain below)

70-80%

90-100%

Skills Inventory. Please indicate your familiarity and skill level in the following areas. Don't worry if you are not familiar with these items – it's a long list! *

	No experience	Limited Experience (Can handle simple tasks with guidance)	Some Experience (Have done projects with supervision)	Moderate Experience (Regularly work in this skills area / comfortable with most tasks)	Strong Experience (Can independently handle tasks and/or have been a teacher/coach)
3-D printing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using bioinformatics tools such as BLAST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using protein modeling/structure tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with model organisms (bacteria, yeast, flies, worms, zebrafish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using molecular biology tools such as micropipets, gel electrophoresis equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making dilutions and solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using sterile technique (microbiology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing data with spreadsheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programming/writing code (please describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating databases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entering/extracting database records using a graphical interface (such as Access or Filemaker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entering/extracting database records using SQL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing clinical work (animals or human, please describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting Statistical analysis of data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, describe computer programming or clinical research experience.

Why are you interested in the Hutch Teacher Fellowship Program? *

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0/500

Pick 2-3 labs at Fred Hutch that you are most interested in and tell us why you are interested in them. We cannot guarantee placement in these labs, but this will help us understand your interests. *

0/500

Please describe any previous experiences or interests that make you a particularly good candidate for a research partnership. *

0/500

Please describe your prior experience designing curriculum materials and/or piloting curriculum materials in your classroom. *

0/500

How do you anticipate the Hutch Teacher Fellowship Program will benefit you and your students? *

0/500

Would you be interested in working in a computational biology lab (conducting primarily computer-based research)? *

- Yes
- No
- Maybe, it would depend on the work the lab is doing

Have you previously gone through the Science Education Partnership (SEP) summer professional development program? *

- Yes
- No
- Other

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

0/250

Teacher Demographic Information

Gender: *

- Male
- Female
- Non-binary
- Not listed
- Prefer not to answer

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)

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

Were you ever eligible for the Federal Free and Reduced Lunch Program for two or more years? *

- 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

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

I don't know

Prefer not to answer

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

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 Disability

Form CC-305

OMB Control Number: 1251-0065

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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:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)

- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- 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 supports
- 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

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.

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 U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

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


Resume Upload (PDF only)

Please upload a PDF of your resume.

Make sure that your resume contains the following information.

- Education experience
- Teaching experience with grade level(s) and subject(s)
- Current school with grade level(s) and subject(s)
- Professional development, continuing education, and inservice programs completed within the last five years

Attach Resume Here *


Browse Files
Drag and drop files here

PDF only, max 2MB

Recommendation

Name of person who will give you a recommendation. The recommendation should be provided by a principal, department head, or someone in a similar supervisory role who can speak to your interests and abilities as well as your interactions with students. Please contact them to ask permission prior to including them in your application.

First Name *

Last Name *

Email of person providing recommendation. Please type carefully. *

Confirm Email

example@example.com

Please indicate your commitment to participate in the entire program if selected. *

- I understand that this program requires attendance and full participation for one summer with the option to extend to two summers. I also understand that there are additional follow-up dates/times during the school year that are required for the program. If I am accepted, I commit to attending the entire program. I understand that the program requires a \$100 deposit to hold my place, which is refundable upon completion of the program. I understand that if I am accepted into the program but unable to meet the attendance/participation requirements, my participant payments may be pro-rated accordingly. I also understand that cancellations after June 1, 2025 will result in forfeiture of the deposit. I also understand that the program involves research, curriculum design and piloting, and scientific communication activities.

Review and Submit

Review your answers on the next page. **Answers are not submitted until you click "Submit Application" on the next page.** Please press "Submit Application" only once. There will be a delay while your materials are uploaded.

If your submission is successful, you will receive an email confirmation to the email address you requested we use for communication regarding this application. If you do not receive the email confirmation within 24 hours, check your spam or junk mail folder. If it's not there, or you have any other problems with this form, please contact help@redhutch.org.

Preview Answers