



Fred Hutch Cancer Center

2025 Science Education Partnership

Deadlines

Priority applications are due March 16th, 2025 11:59 pm PST. The Recommendation & Support Form for priority application are due by March 30th, 2025, 11:59 pm PST.

Before you apply, we recommend that you review the PDF with a summary of the application questions.

For more information about the program please see [our website](#).

Requirements

- A middle or high school science teacher in Washington state.
- Currently employed and teaching science (pre-service teachers are also eligible)
- Interested in learning more about cancer research and related careers
- Must commit to all program dates (please see our website for more information)

Directions for Applying Online

To finish your application, you will need to upload pdf versions of your current resume and statement of interest.

At the end of the application, you will be asked 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 **Recommendation & Support Form**. Your principal/ school representative must submit this form by **March 30th, 2025 11:59 pm PST**. If you have concerns about meeting these deadlines please reach out to us at sep@fredhutch.org.

Pre-service teachers are welcome to apply with a Recommendation & Support Form from their mentor teacher.

Once your application is submitted, you should receive a confirmation within 24 hours. Notifications of preliminary acceptance will be sent in mid-April 2025. Final acceptance decisions will be confirmed after a phone/zoom interview.

Other Fred Hutch Teacher Programs

If you are interested in a longer research experience, we are offering **HTF+SEP**. This is a combined program with [Hutch Teacher Fellowship](#) that will allow teachers to participate in both programs during their first summer. Please see [website](#) for more information. Teachers interested in the combined HTF+SEP program, should apply through the HTF application.

Personal Contact Information

Please supply your home/other information so we can contact you about your application and keep in touch outside of the school year.

First Name *

Last Name *

Home Address *

Street Address

Street Address Line 2

City *

State *

 

Zip Code (5 digits only) *

Ex. 99510

Personal Email *

An email confirmation will be sent to this address. Please type it carefully.

Cell Phone Number

(555) 555-5555

School Contact Information

Please supply the contact information for you at your school.

School *

District *

School Address *

Street Address

Street Address Line 2

City *

State *

 

Zip Code (5 digits only) *

Ex. 99510

School Email *

This is the email we will use to contact you, please type carefully.

School Phone Number

Extension

Personal Information

Date of Birth *



Date

Gender: *

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

How do you self-identify your gender? (Optional)

What pronouns do you use? (Optional)

Preview Only

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
 Prefer not to answer

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

How did you hear about SEP?

- Recommendation of SEP teacher
 Newsletter/website
 WSTA or other conference
 Other

Resume Upload

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

PDF only, max 2MB

Teaching Experience

Total years teaching experience (include the current year) *

Do you have a continuing contract with your district for next year? *

- Yes
- No
- Preservice teacher, no contract yet

Have you conducted research in the past? (Note: no prior research is required or expected) *

- Yes
- No

Statement of Interest (PDF only)

Please provide a statement outlining why you want to participate in SEP

In your statement,

- Describe specific goals and/or skills you would like to learn from this experience
- Explain efforts to develop and promote your subject area
- Briefly tell about one of your most valuable teaching experiences

Only PDF format is accepted. **Please convert any other file type to PDF** before attaching the PDF version here.

Attach PDF here: *

Browse Files

PDF only, max 2MB

Principal/School Representative Commitment of Support

Enter one (1) individual.

An automatic email will be sent to this individual with a form for them to fill out showing their recommendation and commitment of support. We recommend that you contact the individual directly to ensure that they have received the message.

Principal/School Representative First Name *

Principal/School Representative Last Name *

Principal/School Representative Email *

Confirm Email

example@example.com

Voluntary Self-Identification of Veteran Status

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

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

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number: 1250-0005

Page 1 of 1

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
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- 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 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
- Nervous system example, migraine headache disease, multiple sclerosis
- Neurodivergent attention-deficit disorder (ADHD), autism disorder, dyslexia, dyspraxia, learning disabilities
- Partial or complete hearing loss (cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, 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 A History/Record Of Having A Disability
- Decline 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.

Accepted applicants must commit to attend all scheduled sessions including Opening Day Orientation and the spring Reflection Day. Accepted applicants must participate in program evaluation, maintain a lab notebook/journal, and complete a curriculum project.

Checking this box indicates your agreement to the above statement

I Agree

Please verify that you are human *

I'm not a robot reCAPTCHA
Privacy - Terms

Review Application

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 your school email address. 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 sep@fredhutch.org

Preview Only