

Partners in Science 2.0 @ Fred Hutch

Summer Research Experiences for Science Teachers

Priority Deadline for Application: March 16th, 2025, 11:59 pm PSI

Priority Deadline for Recommendation: March 30th, 2025, 11: 9 pm P3T

Partners in Science 2.0 @ Fred Hutch (PS2@FH) is a valo two-summer program for secondary science educators seeking an in-depth, biomedical reset rch experience at Fred Hutchinson Cancer Center. PS2@FH supports the professional growth on each carry science teachers and allows them to share insights about biomedical and cancer research with their students. At the same time, Partner teachers contribute to the scientific efforts within fred Futch research labs. Our South Lake Union campus is within commuting distance to many local strong districts in the greater Puget Sound area.

We recommend that you visit the Partners in Science 2.0 @ Fred Hutch program website before applying to develop an understanding of the program. Before you apply, we also recommend that you review the application PDF on our website with a summary of the application questions. Please note that the PDF is a preview to be used for reference only. Please DO NOT fill out the preview and submit it in place of the online application. If you encounter questions or problems with the application, contact us at sep@fredhutch.org.

Teachers who have completed the SEP summer professional development program are particularly encouraged to apply, although this is not a requirement. For more information on the PS2@FH and how it differs from our other professional development programs for science teachers, please visit our website.

PS2@FH applicants must be:

- A middle or high school science teacher (Grades 6-12)
- · Currently employed and teaching science courses

- Achieved a Baccalaureate degree in a scientific discipline (undergraduate major)
- Interested in learning more about biomedical research and related careers
- Available for the entire duration of the program, including two consecutive summers of full-time participation
- Available to travel to two conferences annually (August and January); financial support for conference travel is provided

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

Directions for Applying to the PS2@FH Program

- 1. Before you apply, we recommend that you review the application PDF which has a summary of the application questions. Please note that the PDF is for reference only.
- 1. Complete the online application. As part of the application, you will need to upload your resume and provide contact information for a person who will provide a recommendation on your behalf.
- 2. 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.
- 3. After submitting 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. Ask them to check their spam and junk boxes if they do not receive the en ail. Please note that the recommendation form is only sent *after* you submit your application.
- 4. Once your application is submitted, you will be eive a confirmation email within 24 hours. Please check your spam and junk boxes if you do not receive the email.
- 5. To be considered for the program, you must complete the online application and have the Principal Commitment of Support form ampleted by the person you identified by the deadlines published above. If you have concern, about meeting these deadlines, please reach out to the PS2@FH Program Manager Kristen Bergsman by emailing bergsman@fredhutch.org.
- 6. If you encounter questions or problems with the online application, contact us at sep@fredhutch.org.
- 7. We anticipate that notifications of acceptance will be sent out by May 2025.

Personal Contact Information

First Name *	Last Name *	

Vhat pronouns do you use?	(Optional)	1
Personal Email *		
Confirm Email		
his is the email we will use for correspond	ondences about your application.	
lome Address *		
		•
Street Address		
Street Address Line 2) '
City *	State *	Zip Code (5 digits only) *
	Please Sel cr	v
		Ex. 99510
Home Phone Number		
(555) ,555-5555		
Date of Birth	•	
mm-dd-yyyy		
Date		
School Contact I	nformation	
Dala ad Namo - *		
School Name *		
]

School Address *

Street Address			
Street Address Line 2			
City *	State *		Zip Code (5 digits only) *
	Please Select	~	Ex. 99510
School Email *			
			•
Confirm Email			
School Phone Number			
(555),555-5555			•
Extension		N	
	10		
Which email do you want us to u	se to prin arily con	ntact you? *	
Personal emailWork/school email			
Either works			
Emergency Contac	t Informati	on	
First Name	Las	st Name	
Address (only if different from ye	ours)		
Street Address			

Street Address Line 2	
City State	Zip Code (5 digits only)
Please Select V	Ex. 99510
Emergency Contact Email	
example@example.com	
Emergency Contact Phone Number	
(555) ,555-5555	
Relationship to you	
How did you hear about this opportunity? Check all that apply. Fred Hutchinson Cancer Center Website Fred Hutchinson Cancer Center Social Med a MJ Murdock Charitable Trust Website Local Educational Service District Administrator or Science Specialist Fellow Teacher/Colleague SEP Electronic Newwiette SEP Events (ex: Fall N.24 Off) Other	

This program is supported through generous funding from the M.J. Murdock Charitable Trust. 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? *

Parochial					
O Public					
Other					
What grade level do you cu	rrently tea	ach? *			
○ Middle School					
○ High School					
Other					
Which of these courses do	you curre	ntly teach? (Select all that a	apply) *	
☐ AP Biology					
☐ IB Biology				•	
☐ General Biology or Life S	Science				
☐ Honors Biology					
Biotech					
Forensics					
Other)	
Fatimata the OVERALL non		f	to la		
Estimate the OVERALL pero	centage of F (Hispani	r your studes ic or Latingle	A can Amer	rican/Black, Amer	ican Indian or
Alaskan Native)? *		*. (/			
O-10%			O 10-20%		
O 20-30%		N'	O 30-40%		
	40		O 50-60%		
O 60-70%			O 70-80%		
O 80-90%			O 90-100%		
Not sure/Don't know	ase explai	n below)			
	•				
Skills Inventory. Please indi				the following are	eas. Don't worry if
you are not familiar with the	ese items	- it's a long li	st! *		
		Limited Experience	Some	Moderate Experience	Strong Experience
	No experience	(Can handle simple	Experience (Have done	(Regularly work in this skills area /	(Can independently handle tasks and/or have
		tasks with guidance)	projects with supervision)	comfortable with most tasks)	been a teacher/coach)
3-D printing	0	O	0	0	0
Using bioinformatics tools such as	0	0	0	0	0

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O Private or Independent

Using protein modeling/structure tools

Working with model organisms (bacteria, yeast, flies, worms, zebrafish)

Using molecular biology tools such as micropipettes, gel electrophoresis equipment	0	0	0	0	0
Making dilutions and solutions	0	0	0	0	0
Using sterile technique (microbiology)	0	0	0	0	0
Analyzing data with spreadsheets	0	0	0	0	0
Programming/writing code (please describe below)	0	0	0	0	0
Creating databases	0	0	0	0	0
Entering/extracting database records using a graphical interface (such as Access or Filemaker)	0	0	0	0	0
Entering/extracting database records using SQL	0	0	0	0	0
Doing clinical work (animals or human, please describe below)	0	0	0	0	0
Cell culture	0	0	0	0	0
Conducting ELISA, PCR, and/or flow cytometry laboratory techniques	0	0	0	121	0
Conducting Statistical analysis of data	0	0	0		0
Why are you interested in t	he Farti o	rsun Science	2.0 at Fred Hu	itch Program? *	
				0/500	
Please describe any previous experiences or interests that make you a particularly good candidate for a biomedical research partnership. *					

0/500

program and how they will benefit you as a teacher and as a scientist	*
Type here	
	//
U/	500
How do you anticipate the Partners in Science 2.0 at Fred Hutch will by your students? *	penefit you, your courses, and
	0/500
Have you previously gone through the Science Education arthush development program? *	(SEP) summer professional
○ 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	

Please describe the lab/research skills, experience, and opportunities you hope to gain through this

Ethnicity: *				
Hispanic or Latinx				
Not Hispanic or Latinx				
O Prefer not to answer				
Please select the category or categories that yo selecting a broader category may reveal more s			II that apply. Note that	
☐ American Indian/Alaskan Native or Indigenous	s People of N	orth America		
☐ Asian				
☐ Black/African				
☐ Native Hawaiian/Pacific Islander				
─ White				
☐ Prefer not to answer			<u> </u>	
How do you identify your race, ethnicity, and/or	r geographic	heritago. (option 1)	
			•	
The criteria for disadvantaged are detailed in Sect	ion Cofan <u>o</u>	nline NIH doo	<u>cument</u> .	
	11/4			
*. (7,			
Were you ever homeless/houseless? *	O Yes	○ No	○ Don't knc Prefe	r not to answe
	•			
.01				
Were you ever in the foster care system? *	○ Yes	○ No	○ Don't knc Prefe	r not to answe
Were you ever eligible for the Federal Free and Reduced Lunch Program for two or	○ Yes	○ No	○ Don't knc Prefe	r not to answe
more years? *				
To determine if you are Pell Grant Eligible, please	visit this web	<u>site</u> .		
Were you ever eligible for Federal Pell	○ Yes	○ No	○ Don't knc Prefe	r not to answe
grants? *				
Have you ever received support from the	○ Yes	○ No	○ Don't knc Prefe	r not to answe
Special Supplemental Nutrition Program for	_	_		

known as food stamps or EBT? *				
Do you identify as being part of a group historically underrepresented in biomedical research? *	○ Yes	○ No	○ Don't knc	Prefer not to answe
What is the highest degree any one of your pare	ents/guardiar	ns has earn	ed? *	
 No high school diploma High school diploma or equivalent Associate's degree (AA or AS) or vocational degree (BA or BS) Master's or doctoral level degree (MS, MA, MR I'm not sure, but I know at least one of my pare I don't know Prefer not to answer 	PH, PhD, MD,			
You can use <u>these guidelines</u> to determine who "pa	arents/guardia	efers to).	
Voluntary Self-Identification of Vetera	n status			
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Voluntary Sel-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 10b 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 (YETS) till-free, at 1-866-4-USA-DOL.

Please indicate your selection below: *

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

PUBLIC BURDEN STATEM ENT: 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

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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, fibromya fia, rheumatoid arthrits, HI //All S
- · Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- · Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes

- Disrigurement, for example,
 afficurement caused by burns,
 bounds, 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 headac disease, multiple
- Neurodivergence attention-deficit/l (ADHD), autism dyslexia, dyspra disabilities
- Partial or comple cause)
- Pulmonary or refor example, tuberc emphysema
- Short stature (dv
- Traumatic brain

Please check one of the boxes below: *

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

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 prive years Attach Resume Here * Browse Files DF only, max 2MB	strates o impleted within the last
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 prefive years **Attach Resume Here ** Browse Files DF only, max 2MB	chrates o impleted within the last
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DF only, max 2MB	
Recommendation	
Recommendation	
Recommendation	
401	
Name of person who will gr e you a recommendation. The recommenda	tion should be provided by a
orincipal (preferred), department head, or someone in a similar supervis	ory role who can speak to your
nterests and abilities as well as your interactions with students. Please	contact them to ask permission pri
o including them in your application. We will contact the named person	by email with a request to complet
a Principal Commitment and Support Form.	
irst Name * Last Name *	

Confirm Email	
example@example.com	

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

O I understand that this program requires in-person attendance and full-time participation for two consecutive summers at Fred Hutch's South Lake Union campus. I also understand that there are additional follow-up dates/times during the school year that are required for the program, including participation at a required conference in January of each year. If I am accepted, I commit to attending the entire program and participating fully. I understand that the program involves intensive lab-based research, attendance at lab meetings, PS2@FH program meetings, and PS2@FH journal club meetings, completion of scientific communication projects, and participation in two conferences each year in August and January (financial support is available for conference travel). I understand that at the successful completion of two summers of research and at the discretion of the program manager, Partner teachers are eligible to apply for a supplemental classroom supply grant. 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 a tendance/participation requirements, my participant payments may be prorated accordingly I also understand that cancellations after June 1, 2025 will result in forfeiture of the deposit

Review and Submit

Review your answers on the next page All sw rs are not submitted until you click "Submit Application" on the next page. Please please "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 Answers