Coding for Cancer 2026

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 29th, 2026**. 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 5th, 2026**. 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 2026.
- Preferably live in Washington state.
- Apply even if they have no coding experience.
- Be available for ~~all~~ of the program dates/times.

This course will teach the R 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.

Start Application

Applicant Information

First Name *

Last Name *

Preferred name or nickname

Email *

Confirm Email

example@example.com

Home Address*

Street Address

Street Address Line 2

City *

State *

| Please Select ⬍ |

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

Primary Adult Contact Information

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*

(555),555-5555

Primary Adult Contact Address (if di!erent from yours)

Street Address

Street Address Line 2

City   **State**   **Zip Code (5 digits only)**

Please Select

Ex. 99510

Personal Information

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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 o"cials 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 O"ce 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:*

- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- 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

- 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
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral Palsy
- Deaf or hard of hearing

- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)

Neurodivergence, for example, attention-deficit/hyperactivity disorde (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities

Partial or complete paralysis (any cause)

- Pulmonary or respiratory conditions, for
-

- Diabetes

- Missing limbs or partially missing limbs Mobility
- impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports

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

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

Are you 18 years or older?

○ Yes
○ No

Education

Name of Your High School*

[   ]

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

○ 2026
○ 2027
○ 2028
○ 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

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 o"ce. 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

Yourrecommender 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

<div style="text-align:center">

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Short Answer Questions

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)*

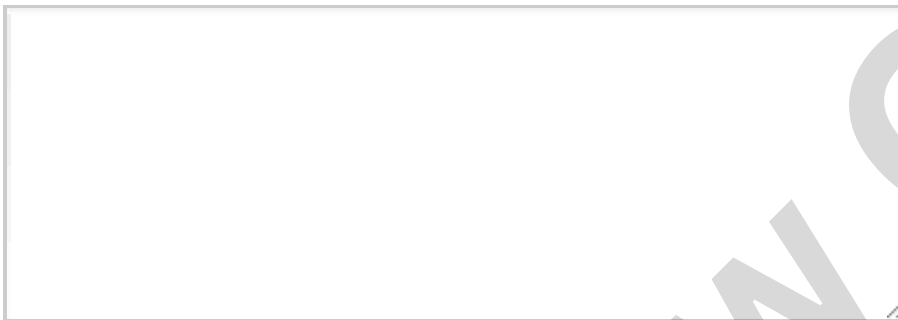[   ]

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)*

[text area]

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) *

[text area]

0/250

Describe a challenge or obstacle you faced and how you overcame it. (Limit 500 words)*
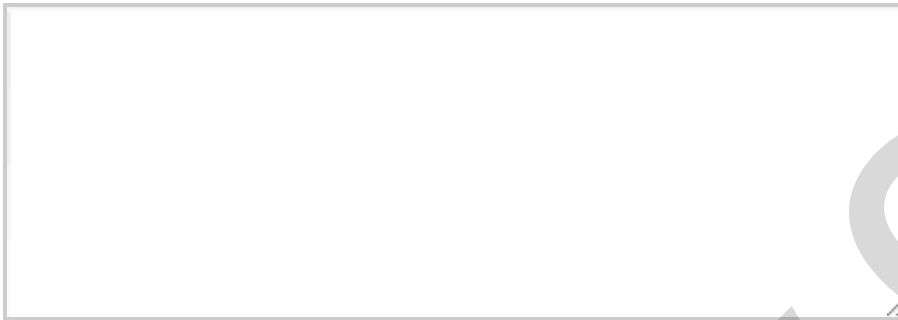
[text area]

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.

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

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