

**FRED HUTCH**  
**EXPLORERS**  
**Pathways Research Explorers Program**

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16% 5 / 31 Required Fields Complete

## Pathways Research Explorers Program 2026

Thank you for your interest in the Explorers program at Fred Hutch in Seattle! We are unable to accept out of state or international students into our program. All applicants must reside in Seattle or the surrounding area and be enrolled in a local school.

### DEADLINE

The application will close at **11:59pm on March 6th 2026**. Requests for recommendation forms will be sent to recommenders as soon as the student portion of the application is submitted. Recommendation forms must be submitted by **11:59pm on March 13th 2026**. Last-minute technical issues will not be considered exceptions to this deadline. Please apply early.

### ELIGIBILITY

Students should...

- Be starting 10th or 11th grade in Fall 2026
- Have completed introductory chemistry or biology course by Summer 2026
- Be interested in learning more about cancer research and related careers

If you have questions, or for technical issues, contact [pathways-explorers@fredhutch.org](mailto:pathways-explorers@fredhutch.org):

## Applicant Information

First/Given Name\*

Last/Family Name \*

Preferred name or nickname

Email (if possible, use a personal email instead of a school email)\*

Confirm Email

example@example.com

Home Address\*

Street Address

Street Address Line 2

City\*

State \*

Zip Code (5 digits only)\*

## Primary Adult Contact Information

Primary Adult Contact First Name \*

Primary Adult Contact Last Name \*

Relationship of Adult Contact to You \*

- ☐ Parent/Guardian
- ☐ Other relative
- ☐ Teacher
- ☐ Friend

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)

## Personal Information

## Voluntary Self-Identification of Disability

## Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number: 1250-0005

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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](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
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital
- Nervous system example, migraine Parkinson's disease

- |   |   |  |
|---|---|--|
| <p>using<br/>drugs illegally)</p> <ul style="list-style-type: none"> <li>• Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS</li> <li>• Blind or low vision</li> <li>• Cancer (past or present)</li> <li>• Cardiovascular or heart disease</li> <li>• Celiac disease</li> <li>• Cerebral palsy</li> <li>• Deaf or serious difficulty hearing</li> <li>• Diabetes</li> </ul> | <p>disorders</p> <ul style="list-style-type: none"> <li>• Epilepsy or other seizure disorder</li> <li>• Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome</li> <li>• Intellectual or developmental disability</li> </ul> <p>Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD</p> <ul style="list-style-type: none"> <li>• Missing limbs or partially missing limbs</li> <li>• Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports</li> </ul> | <p>sclerosis (MS)</p> <ul style="list-style-type: none"> <li>• Neurodivergence example, attention-deficit/disorder (ADHD), spectrum disorder, dyslexia, dyspraxia, learning disabilities</li> <li>• Partial or complete (any cause)</li> <li>• Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema</li> <li>• Short stature (dwarfism)</li> <li>• Traumatic brain</li> </ul> |
|---|---|--|

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

## Education

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Name of Your High School\*

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

- ☐ 2027
- ☐ 2028
- ☐ 2029
- ☐ 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

Which session(s) would you be available to attend?\*

- ☐ Session 1: July 27th - August 7th
- ☐ Session 2: August 10th - August 21st
- ☐ Both sessions work with my schedule

Please note that while we expect to run Explorers in-person, we will follow federal, state, and Fred Hutch guidelines to determine if in-person sessions are possible.

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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.

## Recommendation

Your recommender must be a teacher who can speak to your science interest. Please double check the spelling of the email address for your recommender. We will send an email to this address, with instructions on how to submit the recommendation. Always ask your recommender if they will submit a form on your behalf before submitting the

application.

Recommender First Name \*

Recommender Last Name \*

Recommender Email Address \*

Confirm Email

example@example.com

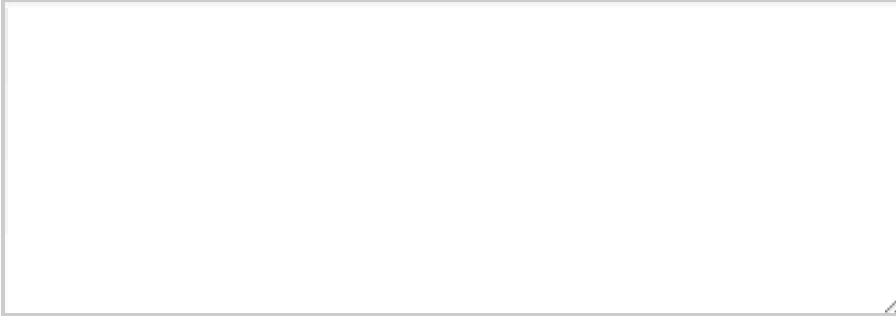
## Short Answer Questions

What subject at school do you like best this year and why do you like it? It can be a class or topic you covered in class, whatever you enjoyed most this year. (Limit 100 words) \*

0/100

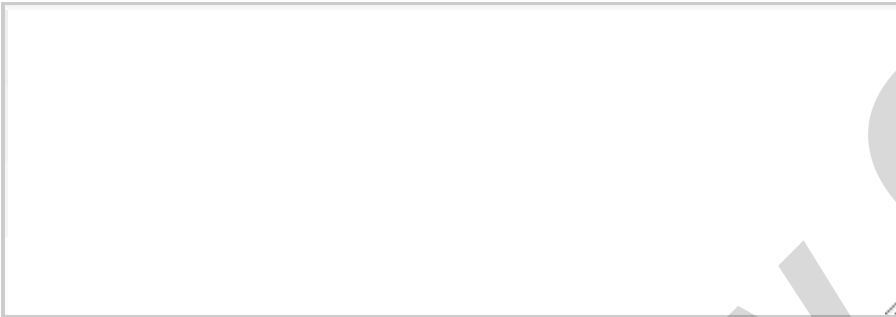
What is one activity you feel you are really good at? Tell us a little about your expertise in this area! This could be school related but could also be cooking, skateboarding, video games, listening to friends' problems, etc. (Limit 250 words) \*





0/250

List three words your friends would use to describe you. Then, please explain why they would use those words. (Limit 250 words)\*



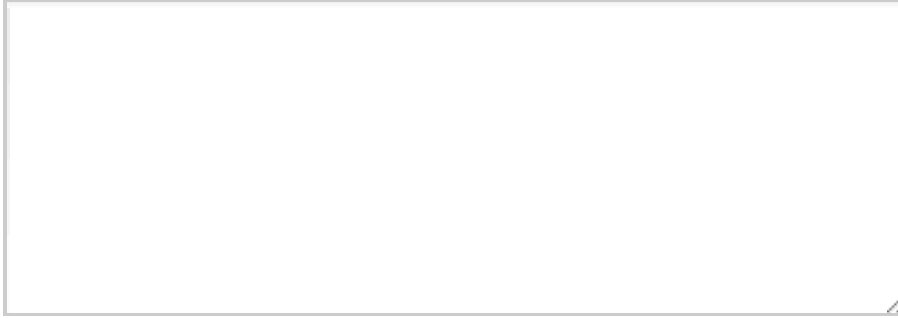
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Why are you interested in the Fred Hutch Explorers Program? What do you hope to take away from this experience? (Limit 250 words)\*



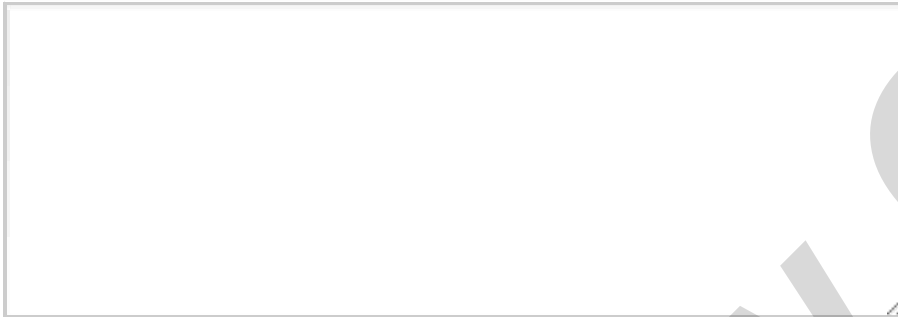
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We know there are many things you want to do in the future, but what is one thing you can imagine yourself doing 10 years from now? (Limit 250 words)\*



0/250

What do you think you can contribute to this program during your session? (Limit 250 words) \*



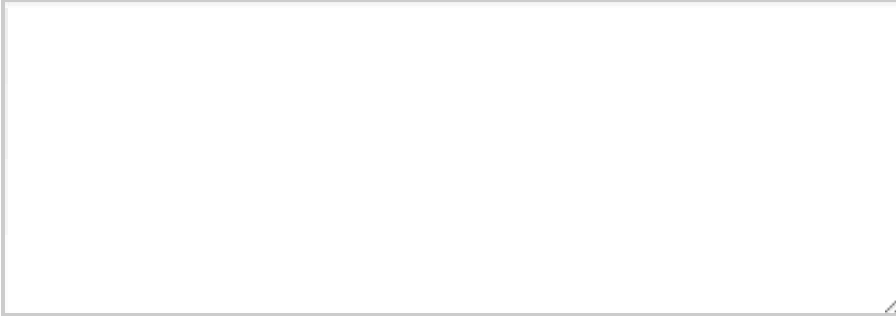
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Tell us a story about something you did or that happened to you that reveals a little about who you are as a person. This can be something from school, home, sports, volunteer work, a paid job you have, or anything else. There are no limits! We want 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 orientation session and 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 Pathways Research Explorers Program at Fred Hutch Cancer Center. Changes cannot be made once you submit your application.

Preview Answers