

Coding for Cancer 2023

Applicant Information

PREVIEW ONLY

First Name *

Last Name *

Preferred name or nickname

Email *

example@example.com

Home Address *

Street Address

Street Address Line 2

City *

State *

PREVIEW ONLY

Zipcode *

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 *

Area Code

Phone Number

Primary Adult Contact Address (if different from yours)

Street Address

Street Address Line 2

City

State

Zipcode

Personal Information

Gender

- Male
- Female
- Non-Binary
- Prefer not to answer
- Prefer something else

How do you identify your gender? Please include pronouns. (Optional)

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.

American Indian/Alaskan Native or Indigenous People of North America
Asian
Black/African
Native Hawaiian/Pacific Islander
White
Prefer not to answer

American Indian/Alaskan Native or Indigenous People of North America. Please select all that apply.

Alaskan Native	Chehalis	Colville
Cowlitz	Hoh	Jamestown
Kalispel	Lower Elwha	Lummi
Makah	Muckleshoot	Nisqually
Nooksack	Port Gamble Clallam	Puyallup
Quileute	Quinault	Samish
Sauk-Suiattle	Shoalwater	Skokomish
Snoqualmie	Spokane	Squaxin Island
Stillaguamish	Suquamish	Swinomish
Tulalip	Upper Skagit	Yakama
Other American Indian	Other Washington Indian	Prefer not to answer

Asian. Please select all that apply.

Asian Indian	Cambodian	Chinese
Filipino	Hmong	Indonesian
Japanese	Korean	Laotian
Malaysian	Pakistani	Singaporean
Taiwanese	Thai	Vietnamese
Other Asian	Prefer not to answer	

Black/African. Please select all that apply.

African/White	Caribbean	Eritrean
Ethiopian	Gambian	Ghanaian
Ivorian	Nigerian	Other Black/African
Senegalese	Somalian	Prefer not to answer

Black American (multiple generations in America with African heritage)

Native Hawaiian/Pacific Islander. Please select all that apply.

Fijian	Guamanian/Chamorro	Mariana Islander
Melanesian	Micronesian	Native Hawaiian
Samoaan	Tongan	Other Pacific Islander
Prefer not to answer		

White. Please select all that apply.

European	Middle Eastern	North African
Other White	Prefer not to answer	

How do you identify your race, ethnicity, and/or geographic heritage? (Optional)

Are you a person living with a disability?

Yes- I have or have had a disability
No
Prefer not to answer

Do you qualify for free and reduced meals at your school?

Yes
No
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 secondary school (no high school diploma)

High school diploma or equivalent

Associate 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

Was this degree earned inside the US or outside the US?

Inside the US

Outside the US

I'm not sure

Do you personally know someone who is a scientist or who works in science? *

Yes

No

Unsure

If yes, what is their relationship to you?

Education

Name of Your High School *

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

2023

2024

2025

Do you plan on going to college/university? *

Yes, a 4 year college or university

Yes, a community college or technical school

No

Unsure

Transcript

Recommendation

Your recommender should be a teacher who can speak to your science interest. Please double check the spelling of the email address for your recommender. We may contact the recommender by email at this address to ask them about how you might contribute to and benefit from the program. 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 *

example@example.com

Short Answer Questions

What subject at school did you like the 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) *

0/250

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

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

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

0/250

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

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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.

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 April 7th, 2023**. Recommendations are not required, but please supply information for one reference who we may contact. 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.

ELIGIBILITY

Students should...

- Be entering 11th or 12th grade in Fall 2023.
- Preferably live in Washington state.
- Apply even if they have no coding experience.
- Be available for all of the program dates.

The program is specifically designed for students from [backgrounds systemically excluded from careers in biomedical science](#) as defined by the National Institutes of Health.

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 \$1000 participant award upon completion of the program.

If you still have questions, or for technical issues, contact CodingForCancer@fredhutch.org.

How did you hear about Coding for Cancer?

e.g. teacher at Garfield High School, Rainier Scholars Program staff, Boys & Girls Club

Can you answer “yes” to TWO or more of the questions below?

If so, you meet the NIH criteria for disadvantaged backgrounds. For more information about the questions, and definitions [click here](#).

- Were you or are you currently homeless/houseless?
- Were you or are you currently in the foster care system?
- Were you or are you eligible for the Federal Free and Reduced Lunch Program for two or more years?
- Have none of your parents/guardians completed a bachelor’s degree?
- Were you or are you currently eligible for Federal Pell grants?
- Have you received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child?
- Did you grow up in one of the following areas: a) a U.S. rural area or b) Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas. [See this link](#) for information about these areas. Only one of the two possibilities listed can be used as a criterion for the disadvantaged background definition.

The criteria for disadvantaged are detailed in Section C of [this online NIH document](#).

Yes

No

I don't know

Prefer not to answer