



2024 SeattleStatGROWS Program Application

**This is ONLY a preview of the application.
To apply you must use the application portal.**

Program dates are **June 17 – August 9th, 2024.**

SeattleStatGROWS is an 8-week, mentored, paid summer research internship program aimed at increasing awareness and interest in careers in statistics and data science research. Partnering with agencies such as Kaiser Permanente Washington Health Research Institute, students are paired with a mentor to complete projects within the fields of statistics and data science. If you would like to know more about the program, please [click here](#).

You must use this online form to submit an application. If you would like a preview of the application, please [click here](#). If you would like a preview of the letter of recommendation, please [click here](#). The PDFs are for your reference only. This application has 2 online components:

1. This applicant section that you complete, and
2. A separate online form that your reference completes.

Proofread your application and essays carefully. You will not be able to go back into the system after you submit your application. Your reference will not receive a recommendation request until your portion is submitted.

Applicant Component

To apply, you must:

1. Fill out this online form, which includes several short-response essays.
2. Provide email address for one reference.
3. Upload a PDF of your recent school transcript.

Reference Component

Once you complete your part of the application, we will email a recommendation link to your reference. We advise you to submit your application form early so your reference has time to complete their form.

All application materials are due by 11:59 PM on February 4, 2024. References are due by February 18, 2024.

Applicant Information

First Name

Last Name

E-mail (if possible, use a personal email instead of a school email)

Mailing Address

Street Address

Street Address Line 2

City

State

Zip Code

Primary Phone

Secondary Phone

How did you hear about this opportunity? Check all that apply.

- ☐ Fred Hutchinson Cancer Center Website
- ☐ Fred Hutch Staff
- ☐ Teacher or School Counselor
- ☐ Fellow Student
- ☐ Fred Hutch Summer Program Alumni
- ☐ Other

If Fred Hutch Summer Program Alumni, which program?

If other, please specify below.

Personal Information

Our program is supported by the National Institutes of Health (NIH). We are required to report the diversity of applicants and participants to the NIH. This internship program is specifically designed for individuals from disadvantaged backgrounds, those with disabilities, those from racial/ethnic groups underrepresented in health sciences, and/or those who will be the first generation in their family to attend college.

Please note: **You must be 18 years of age by the application deadline.** If you have any questions, please contact SeattleStatGROWS@fredhutch.org.

Date of Birth

Month Day Year

Gender: (Optional)

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

Please self-identify your gender, if you choose.

Ethnicity: (Optional)

- ☐ 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. (Optional)

- ☐ 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.

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

Asian. Please select all that apply.

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong | <input type="checkbox"/> Indonesian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Prefer not to answer | |

Black/African. Please select all that apply.

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> African/White | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Eritrean |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Gambian | <input type="checkbox"/> Ghanaian |
| <input type="checkbox"/> Ivorian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other African |
| <input type="checkbox"/> Senegalese | <input type="checkbox"/> Somali | <input type="checkbox"/> Black American (multiple generations in America with African heritage) |
| <input type="checkbox"/> Prefer not to answer | | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Mariana Islander |
| <input type="checkbox"/> Melanesian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Prefer not to answer | | |

White. Please select all that apply.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> European | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> North African |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Prefer not to answer | |

How do you identify your race, ethnicity, and/or geographic heritage if not listed above? (Optional)

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?

- ☐ Yes
☐ No

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 see link.

- 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 the 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.

Do you come from a disadvantaged background?

- ☐ Yes
☐ No
☐ I 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 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.

Education

Are you currently enrolled in a 2- or 4- year college/university

- ☐ Yes

☐ No

☐ Will start college in Fall 2024

School Name (current/upcoming)

Expected graduation date:

(MM/YYYY)

Major

GPA

Preview Only

What is the highest degree you intend to attain?

- ☐ BA/BS
- ☐ MPH
- ☐ MA/MS
- ☐ MD
- ☐ PhD
- ☐ MD/PhD
- ☐ Don't know/Unsure
- ☐ Other

Are you interested in an internship in biostatistics, computational biology, or mathematics?

- ☐ Yes
- ☐ No

Do you have any programming or coding experience or skills?

- ☐ Yes
- ☐ No

The internship is a full-time research experience from June 17th to August 9th. Barring any unforeseen circumstances, can you commit to this entire period? If no, please elaborate in the essay section.

- ☐ Yes
- ☐ No

The program has in-person events at the Fred Hutch South Lake Union campus. Can you attend these events for the duration of the program?

- ☐ Yes
- ☐ No

Have you participated in a Fred Hutch internship in previous years?

- ☐ Yes
- ☐ No

If yes, which program(s)?

Short Essay Prompts

We recommend that you prepare your responses in a word processor (e.g., Microsoft Word, Google Docs), review your responses for clarity and errors, and then paste your responses into the boxes below. The questions below are required. Each response has a 2,000 character limit.

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. (up to 250 words)

0/250

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. (up to 250 words)

0/250

Why are you interested in the SeattleStatGROWS Program? What do you hope to take away from this experience? (up to 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? (up to 250 words)

0/250

Is there anything you would like to tell us? (e.g., interest in specific research topic and/or faculty, extenuating circumstances, difficulty in in-person attendance)

0/250

Preview Only

Letter of Recommendation

Enter the name and e-mail address of an individual who will submit a recommendation on your behalf. An e-mail will be sent to this individual with a link to the recommendation form. We suggest you contact your reference directly to ensure they have received the message.

Recommendations should come from staff or faculty at your school (e.g., counselors and professors) or from an employer. References from personal acquaintances (e.g., family, friends, neighbors) are discouraged.

Recommender 1 First Name

Recommender 1 Last Name

Recommender 1 Email

example@example.com

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.

Please indicate:

- ☐ I am a protected veteran
- ☐ I am a veteran, but not a protected veteran
- ☐ I am not a veteran
- ☐ Decline to Answer

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.

Voluntary Self-Identification of Disability

Form CC-305

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OMB Control Number: 1250-0005

Expires 05/31/2023

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral Palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal, for example, Crohn's disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

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.

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
- ☐ I Don't Wish 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.

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.

**Click "Preview Answers" to review your application before submission.
Once you click "Submit Application" you cannot make changes.**

Please press "Submit Application" only once. There may be a delay as your materials are uploaded.