

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



Fred Hutch
Cancer Center

2026 SeattleStatGROWS Program Application

Program dates are **June 24 – August 19th, 2026.**

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. 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 8, 2026. References are due by February 22, 2026.

Applicant Information

First Name *

Last Name *

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

ex: myname@example.com

Confirm Email

example@example.com

Mailing Address *

Street Address

Street Address Line 2

City *

State *

Please Select

Zip Code (5 digits only) *

Ex. 99510

Summer 2026 Address (if different from mailing):

City

State

Please Select

Zip Code (5 digits only)

Ex. 99510

Primary Phone (cell phone preferred) *

Secondary Phone

(555) 555-5555

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

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

Are you or will you be 18 years or older by the application deadline date (2/22/2026)? If you have any questions, please contact us at SeattleStatGROWS@fredhutch.org *

- ☐ Yes
- ☐ No

We are unable to accept international students into the program. Are you eligible for this program? *

- ☐ Yes
- ☐ No

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, MEd, 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 2026

School Name (current/upcoming) *

Expected graduation date: *

MM/YYYY

Major *

GPA

0.00–5.00

School 2 Name

Dates Attended

MM/YYYY – MM/YYYY

Major

Transcript (most recent) (PDF only, max 2MB). We examine the whole application. Students who are dedicated to learning, regardless of their GPA, are encouraged to apply.

Browse Files

Attach a copy of your most current cumulative course and grade list. Unofficial transcripts are acceptable.

Resume (PDF only, max 2MB).

Browse Files

Attach a copy of your most recent resume or curriculum vitae (CV) if you have one.

What is the highest degree you intend to attain? *

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

Are you interested in biostatistics, computational biology, or mathematics? *

- ☐ Yes
- ☐ No

Do you have any programming or coding experience or skills? *

- ☐ Yes
- ☐ No

The program is a full-time, in-person experience at the Fred Hutch South Lake Union campus from June 24th to August 19th. Barring any unforeseen circumstances, can you commit and participate for the duration of the program? If no, please elaborate in the essay section. *

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

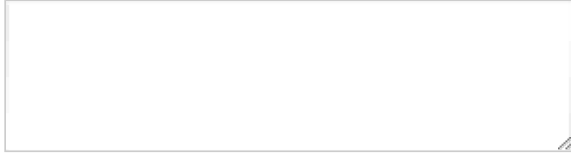
Short Essay Prompts

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.

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) *

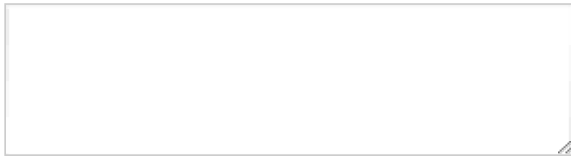
0/250

Outside of your professional life (i.e., school, work), what do you like to spend your time on? It can be interests you have (e.g., cooking, video games, hiking), goals you are trying to achieve (e.g., try all the pizza places in my town), or activity you feel you are good at (e.g., writing fiction, skateboarding). (up to 250 words) *



0/250

Why are you interested in the SeattleStatGROWS Program? (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 as a career or job 10 years from now? (up to 250 words) *



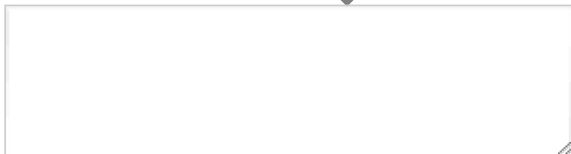
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Other than this internship, what are your potential plans for summer 2026 (e.g., job, class, trips, internship, etc...)? (up to 250 words)



0/250

Is there anything you would like to tell us? (e.g., interest in specific research topic and/or faculty, potential challenges, requests for accommodations) (up to 250 words)



0/250

Recommendation Form

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 *

Confirm Email

Voluntary Self-Identification of Veteran Status

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.

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.

Please indicate:

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

Voluntary Self-Identification of Disability**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number: 1250-0005

Page 1 of 1

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.

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, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, 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 condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for 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

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.

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.

Please verify that you are human *

☐

I'm not a robot

reCAPTCHA
Privacy • Terms

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.

Preview Answers

Preview Only