



# Fred Hutch Cancer Center

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17% 5 / 29 Required Fields Complete

## Summer Scholars Internship Program on Infectious Diseases in the Immunocompromised Host

The Summer Scholars Internship Program on Infectious Diseases in the Immunocompromised Host at the Fred Hutch Cancer Center is an 8-week program for currently enrolled undergraduate students and first-year medical students interested in infectious diseases within immunocompromised populations.

The 2026 program dates are June 22nd – August 14th. Selected interns must be able to commit to the entire program period in order to participate. If your class schedule overlaps with the program dates, we will work with you to make a reasonable accommodation after program acceptance.

We recommend that you review the application and prepare materials in advance before you begin filling in this web application. You can preview the application on [our program website](#).

## Contact and Demographics Information

First Name \*

Last Name \*

Phone Number \*

Email \*

Confirm email

Address During the School Year \*

Street Address

Street Address Line 2

City \*

State \*

Please Select

Zip Code (5 digits only) \*

Ex. 99510

Permanent Address \*

Street Address

Street Address Line 2

City \*

State \*

Please Select

Zip Code (5 digits only) \*

Ex. 99510

Are you eligible to work in the U.S.?

- ☐ Yes
- ☐ No, I am not

Are you 18 years or older?

- ☐ Yes
- ☐ No

Current Educational Institution and Affiliations

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**Highest Level of Completed Degree(s) \***

- ☐ High School
- ☐ AA
- ☐ BA/BS
- ☐ MA/MS
- ☐ Other

**Name of Current Institution \***

**Year in Program \***

ex: enter 1 for 1st year

**Pursuing what degree \***

**Major/Area of Study \***

**GPA (if applicable)**

**Estimated Completion (Graduation) Date \***

MM-DD-YYYY

**Briefly list any relevant coursework/experience that has helped you prepare for this internship \***

0/50

**Faculty Mentor Name (if applicable - current or past):**

**Previous Educational Institution (College or High School)**

**Previous Institution Name**

**Date of Completion**

**Faculty Mentor Name (if applicable):**

**Faculty Mentor Name (if applicable):**

**Degree achieved**

**GPA**

**List up to 5 awards/accomplishments/leadership and other relevant activities.**

0/50

**Voluntary Self-Identification of Veteran Status**

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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 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 1866-4-USA-DOL.

### Form Collapse Ender

- 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

##### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

A disability is a condition that substantially limits one or more of your “major life activities.” If you have or have ever had such a condition, you are a person with a disability. 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
- 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

For more information on the definition of disability please see [this webpage](#).

## Form Collapse Ender

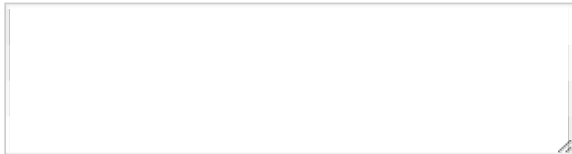
**Please check one of the boxes below:**

- ☐ 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

## Goals

**Future plans (Please mention whether you intend to apply to medical school, graduate school, pharmacy school,**

**MD/PhD program, etc and your interests toward pursuing research, clinical practice, etc).** \*



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Researchers in the Infectious Disease Sciences Program contribute to laboratory (wet lab experiments, assays etc.), clinical (chart review, epidemiological studies, etc.) and computational (clinical trial modeling, etc.) research activities.

**Laboratory Research:** Research done in a laboratory. A laboratory study may use special equipment and cells or animals to find out if a drug, procedure, or treatment is likely to be useful in humans. It may also be a part of a clinical trial, such as when blood or other samples are collected. These may be used to measure the effect of a drug, procedure, or treatment on the body.

**Clinical Research:** Research in which people, or data or samples of tissue from people, are studied to understand health and disease. Clinical research helps find new and better ways to detect, diagnose, treat, and prevent disease. Types of clinical research include analyzing clinical trials, which test new treatments for a disease, and natural history studies, which collect health information to understand how a disease develops and progresses over time.

**Which area are you interested in having a research project for this summer internship?** \*

- ☐ Laboratory (wet lab experiments, assays etc.)
- ☐ Clinical (chart review, epidemiological studies, etc.)
- ☐ Computational (clinical trial modeling, etc.)

**Are you interested in clinical shadowing on our Infectious Disease Consult Service during the internship, if selected?** \*

- ☐ Yes
- ☐ No

**Optional – List 3-5 Fred Hutch Infectious Disease Science faculty members at the center or a specific research topic that would fit your scientific interests. Use the link below to view the faculty list.**

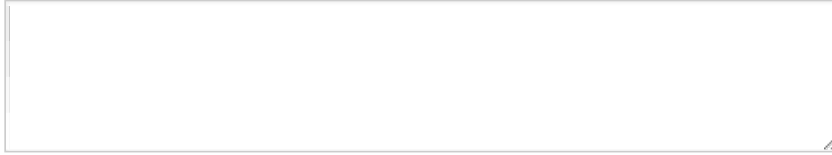


View the [Faculty List](#).

## Short Essay Questions

The essays are a very important part of the application. Your responses allow you to tell us things about yourself that do not appear in other parts of the application. Use specific examples, full sentences, and complete paragraphs. Ask others to review your responses for content, clarity, and grammar.

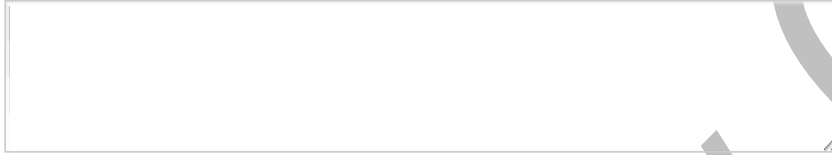
**Resilience and Growth:** Describe a significant challenge, obstacle, or unfamiliar situation you have encountered in your life or academic journey. Discuss how this experience influenced your personal and intellectual growth or perspective and shaped your aspirations in the field of infectious disease research. \*



250 word limit

0/250

**Collaborative Success:** Reflect on an experience in which you collaborated with a multidisciplinary or unique team to achieve a common goal. Describe the diversity of backgrounds, skills, viewpoints within the team and discuss how this diversity contributed to your collective success and the innovation/impact of your project. \*



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## Supporting Documents

**Current University Transcript (unofficial transcript is acceptable at the time of application) \***

Browse Files

PDF only

**Resume or CV - please list any relevant research experience, presentations, publications, etc. \***

Browse Files

PDF only

## Letter of Recommendation

Enter the name and email address for the individual who will submit a letter of recommendation on your behalf. An automatic email will be sent to this person with instructions to upload their recommendation letter. We recommend that you contact your references directly to ensure they have received the message.

**Recommender First Name \***

**Recommender Last Name \***



Recommender Email \*

Confirm email

## Review and Submit

How did you hear about this opportunity?

- ☐ Friends/colleagues/mentors
- ☐ University job board
- ☐ Program Alumni
- ☐ Idealist
- ☐ Professional Organization
- ☐ Handshake
- ☐ Other

Please verify that you are human \*

☐ I'm not a robot

reCAPTCHA  
Privacy • Terms

Please preview/review your answers before submitting.

Preview Answers