



**This is only a preview of the application for the Hutch Advance - Shared Resources Program at Fred Hutch.**

**Do NOT submit this PDF as an application.**

**To submit an application, please visit the Hutch Advance- Shared Resources webpage.**

### **2022 Hutch Advance - Shared Resources Program**

The Hutch Advance - Shared Resources Program is a five-week program, specifically designed for students from Bellevue College who are studying molecular biomedical sciences. Students will attend Fred Hutchinson one day a week for five weeks, participating in experiential learning in five separate areas: Flow Cytometry, Proteomics, Experimental Histopathology, Pre-clinical Modeling, and Pre-clinical Imaging/Comparative Medicine. Students will meet experts in each area to analyze scientific case study data and view experiments in progress. Benefits for participants include developing new professional networks and resources. Our program dates for 2022 are every Tuesday from 9:00 am to 12:00pm, from June 28th to July 26th, 2022. You must be able to commit to these dates to participate in the program. The application deadline is April 1st, 2022 and all Letters of Recommendation will need to be submitted by April 15th, 2022.

We recommend that you review the [application](#) for the Hutch Advance - Shared Resources Program and prepare materials in advance before you begin filling in this web application.

## 2022 Hutch Advance - Shared Resources Program

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### Applicant Information

**First Name \***

**Middle Name**

**Last name \***

**E-mail \***

An email confirmation will be sent to this address. Please type carefully.

**Phone Number**

Area Code

Phone Number

**Permanent Home Address**

**Street Address**

**Street Address Line 2**

**City**

**State**

**Zip Code**

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

Email Announcement

Professor

Fellow student

Open House

**Have you ever participated in any of these Fred Hutch programs?**

Pathways Research Explorers

Summer High School Internship Program

Pathways Undergraduate Researchers

Clinical Scholars Program

## Equal Employment Opportunity / Affirmative Action

### Voluntary Self-Identification Information

Fred Hutch is an Equal Employment Opportunity and Affirmative Action employer. We seek, celebrate, and leverage diversity to support our mission and strengthen our culture of creativity, innovation, and lifesaving research and patient care. We support equal employment opportunity in hiring, development, and advancement for all qualified persons without regard to race, color, religion, age, sex, national origin, ancestry, physical or mental disability, veteran status, sexual orientation, gender identity, marital status, or any other protected status. We are required to compile the following information for statistical purposes in order to comply with federal regulations relating to Equal Employment Opportunity and Affirmative Action requirements. To comply with these requirements, we invite you to voluntarily self-identify your gender, ethnicity/race, veteran status, and disability status. Your answers will not be used against you in any way. Please know that the information obtained will be kept confidential and will only be used for government reporting purposes. When reported, data will not identify any specific individual.

Our training programs are supported in part through funding from the National Institutes of Health (NIH). The items below are useful to us in order to assess and report to the NIH the diversity of applicants and participants in our program. Responses are voluntary and will in no way influence assessment of your application.

## **Personal Information**

### **Gender:**

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

### **How do you self-identify your gender? (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. (Optional)**

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

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

## 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 the 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

### 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 I know if I 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 record of such an 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
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, 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
- Cerebral palsy

## Heading

**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

I Don't Wish To Answer

**Today's Date**



Month Day Year

**First Name**

**Last Name**

The NIH defines disadvantaged as individuals who come from (1) a family with an annual income below established low-income thresholds or (2) a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career. For example, you might respond "yes" if you qualify for free/reduced lunch or if you're on a school scholarship, such as a Pell Grant.

**Do you come from a disadvantaged background?**

Yes

No

I'm not sure

Prefer not to answer

**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

You can use these [guidelines](#) to determine who “parents/guardians” refers to.

## Education

**What is the highest degree you hope to earn? Check all that apply.**

BA/BS

MA/MS

MPH

PhD

MD

MD/PhD

Other health degree, e.g. DDS

Law degree

**School Name \***

**Dates \***

MM/YYYY - MM/YYYY

**Major \***

**GPA \***

**School Name**

**Dates**

MM/YYYY - MM/YYYY

**Major**

**GPA**

**School Name**

**Dates**

MM/YYYY - MM/YYYY

**Major**

**GPA**

**Statement of Interest and Career Goals**

**2. What future do you see for yourself in science and/or health care, and what would be your dream job? (100 to 300 words) \***

## Recommendations

Enter the name(s) and respective email addresses for two (2) individuals who will submit a letter of recommendation on your behalf. An automatic email will be sent to these individuals with instructions to upload their recommendation letter. We recommend that you contact your references directly to ensure they have received the message. Recommendations must be returned to us by April 15, 2022.

**Recommender 1 First Name \***

**Recommender 1 Last Name \***

**Recommender 1 Email \***

An email will be sent to this address requesting a letter of recommendation on your behalf.

**Recommender 2 First Name \***

**Recommender 2 Last Name \***

**Recommender 2 Email \***

An email will be sent to this address requesting a letter of recommendation on your behalf.

**Clicking the "Submit Application" button will submit your application to the Hutch Advance - Shared Resources Program. Changes cannot be made once you submit your application.**