

2021 Science Education Partnership

Closes: Application closes March 31st, 2021 11:59 pm PST. Recommendation & Support Form is due by April 14th, 11:59 pm PST.

Before you apply, we recommend that you review the PDF with a summary of the application questions.

For more information about the program please see [our website](#).

Requirements

- A middle or high school science teacher in Washington state (note: virtual and curriculum portions may be available to out-of-state teachers, please indicate you are from outside WA)
- Currently employed and teaching science
- Interested in learning more about cancer research and related careers
- Must commit to all program dates (please see our website for more information on virtual/hybrid programming plans)

Directions for Applying Online

To finish your application, you will need to upload pdf versions of your current resume and statement of interest.

At the end of the application, you will be asked to review your answers. At the bottom of the review page, you **must** click "**Submit Application**" for your application to be submitted.

After finishing the application, an automatic email will be sent to your listed **principal/ school representative** with a link to a **Recommendation & Support Form**. Your principal/ school representative must submit this form by **April 14th, 2021 11:59 pm PST**.

Once your application is submitted, you will receive a confirmation within 24 hours. Notifications of acceptance will be sent by email on April 21, 2021.

Personal Contact Information

Please supply your home/other information so we can contact you about your application and keep in touch outside of the school year.

First Name *

Last Name *

Home Address *

Street Address

Street Address Line 2

City *

State *

Zipcode *

Home Phone Number

Area Code

Phone Number

Personal Email *

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

School Contact Information

Please supply the contact information for you at your school.

School *

School Address *

Street Address

Street Address Line 2

City *

State *

Zipcode *

District *

School Email *

This is the email we will use to contact you, please type carefully.

School Phone Number

Area Code

Phone Number

Extension

Personal Information

Gender:

Female

Male

Non-Binary

Prefer not to answer

Prefer something else (please add below)

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. Please select 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

What pronouns do you use? (Optional)

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

Resume Upload

Please upload a PDF of your resume.

Make sure that your resume contains the following information.

- Education experience
- Teaching experience with grade level(s) and subject(s)
- Current school with grade level(s) and subject(s)
- Professional development, continuing education, and inservice programs completed within the last five years

Teaching Experience

Total years teaching experience (include the current year) *

Have you conducted research in the past? (Note: no prior research is required or expected) *

Yes

No

If yes, please select the type of research experience you have.

Undergraduate Research
Graduate School Research
Lab Scientist (Industry or Academic)

Do you have a continuing contract with your district for next year? *

Yes

No

Preservice teacher, no contract yet

If yes, please describe briefly below (you may elaborate further in your statement):

Note: We do not expect applicants to have had prior research experience.0/500

Principal/School Representative Commitment of Support

Enter one (1) individual.

Principal/School Representative First Name *

Principal/School Representative Last Name *

An automatic email will be sent to this individual with a form for them to fill out showing their recommendation and commitment of support. We recommend that you contact the individual directly to ensure that they have received the message.

Principal/School Representative Email *

In your statement,

- Describe specific goals and/or skills you would like to learn from this experience
- Explain efforts to develop and promote your subject area
- Briefly tell about one of your most valuable teaching experiences

Only PDF format is accepted. **Please convert any other file type to PDF** before attaching the PDF version here.

Statement of Interest (PDF only)

Please provide a statement outlining why you want to participate in SEP

Each SEP mentor scientist reads the applications and selects one teacher to be a partner and SEP participant. Approximately 25 teachers are selected each year.

Accepted applicants should agree to attend all currently scheduled days plus the spring Reflection Day, participate in program evaluation, maintain a lab notebook/journal, and complete a curriculum project.

Accepted applicants must provide a \$100 deposit to hold their space in the program. Cancellations after June 1st will be subject to forfeit of the deposit. Deposits are refunded upon completion of the program.

Checking this box indicates your agreement to the above statement *

I Agree

Date *



Month Day Year

Review Application

Answers are not submitted until you click "Submit Application" on the next page.

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

If your submission is successful, you will receive an email confirmation to your school email address. If you do not receive the email confirmation within 24 hours, check your spam or junk mail folder. If it's not there, or you have any other problems with this form, please contact sep@fredhutch.org

How did you hear about SEP?

- Recommendation of SEP teacher
- Newsletter/website
- WSTA or other conference

PREVIEW