



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 program webpage.

2024 Program for Advancing Career Exploration

PREVIEW ONLY

2024 Program for Advancing Career Exploration

The Fred Hutch Program for Advancing Career Exploration (PACE) is a 5-week program designed for students from 2-year and 4-year colleges who are interested in pursuing careers in the biomedical sciences. Our program dates for 2024 are every Wednesday from 10:00 am to 1:00 pm, from June 26th to July 31st, 2024. The application deadline is March 25th, 2024, and all Letters of Recommendation will need to be submitted by April 1st, 2024.

Applicant Information

First Name *

Middle Name

The Fred Hutch Program for Advancing Career Exploration (PACE) is a 5-week program designed for students from 2-year and 4-year colleges who are interested in pursuing careers in the biomedical sciences. This program introduces students to a wide array of roles in the biomedical sciences that do not require an MD or PhD and welcome a diverse array of skills and interests. As part of the program, students will attend Fred Hutch one day per week for 5 weeks, exploring careers in possible areas ranging from Flow Cytometry and Proteomics to Clinical Research Support. Students will meet professionals to learn about their roles and career paths and work through real-life scientific case studies. In addition, students will gain professional skills, such as building a strong resume and networking, that will prepare them to apply for positions.

Program Schedule

June 26th to July 31st, Wednesdays from 10 am to 1 pm at Fred Hutchinson Cancer Center – Preference will be given to applicants who are able to attend all program days. There will be no programming during the week of July 4th, 2024.

Application Instructions

It is not possible for you to save your progress in the application portal. We recommend that you review the application for the Hutch Advance – Research Administration Program and prepare your responses in advance before and then later copy them into the application portal when ready to submit.

Application due: March 25th, 2024 at 11:59 pm

Letters of recommendation due: April 1st, 2024 - We recommend you review the website for Letter of Recommendation tips.

Applicants will be notified by: early May 2024

Contact: researchadmin@fredhutch.org, Attn: Gordon Roble

Last name *

E-mail *

Phone Number

Area Code

Phone Number

Permanent Home Address

Street Address

Street Address Line 2

City

State

Zip Code

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

- Email announcement
- Professor
- Fellow student
- Open house
- Virtual info session
- In-person info session
- Other

Have you ever participated in any of these Fred Hutch programs? Check all that apply.

- 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 to self-identify below
- 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

American Indian/Alaskan Native or Indigenous People of North America. Please select all that apply.

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

Which program days are you available to attend? Check all that apply. Please note that preference will be given to those able to attend all program days. *

- June 26th, 10 am - 1 pm
- July 10th, 10 am - 1 pm
- July 17th, 10 am - 1 pm
- July 24th, 10 am - 1 pm
- July 31st, 10 am - 1 pm

Asian. Please select all that apply.

- | | | |
|--------------|----------------------|------------|
| Asian Indian | Cambodian | Chinese |
| Filipino | Hmong | Indonesian |
| Japanese | Korean | Laotian |
| Malaysian | Other Asian | Pakistani |
| Singaporean | Taiwanese | Thai |
| Vietnamese | Prefer not to answer | |

Black/African. Please select all that apply.

- | | | |
|--|-----------|----------------------|
| African/White | Caribbean | Eritrean |
| Ethiopian | Gambian | Ghanaian |
| Ivorian | Nigerian | Other African |
| Senegalese | Somalian | Prefer not to answer |
| Black American (multiple generations in America with African heritage) | | |

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

- | | | |
|------------------------|--------------------|------------------|
| Fijian | Guamanian/Chamorro | Mariana Islander |
| Melanesian | Micronesian | Native Hawaiian |
| Other Pacific Islander | Samoan | Tongan |

Prefer not to answer

White. Please select all that apply.

European

Middle Eastern

North African

Other 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

Form CC-305
OMB Control Number 1250-0005
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?

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
- 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

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

- MPH
- PhD
- MD
- MD/PhD
- Other health degree, e.g. DDS
- Law degree
- Other

School Name *

Dates *

MM/YYYY - MM/YYYY

Major *

School Name

Dates

MM/YYYY - MM/YYYY

Major

School Name

Dates

MM/YYYY - MM/YYYY

Major

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Statement of Interest and Career Goals

2. Why does the Program for Advancing Career Exploration (PACE) interest you, and how do you see it helping you progress toward your career goals? (100 to 300 words) *

Recommendations

Enter the name(s) and respective email addresses for two (2) individuals who will submit a recommendation on your behalf. An automatic email will be sent to these individuals with a link to the recommendation form for them to fill out. We recommend that you contact your references directly to ensure they have received the message. Recommendations must be returned to us by April 1, 2024.

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.

Expected date of graduation *

Month Day Year

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.

1. Tell us about yourself, your background, and your career goals. How do you currently see yourself contributing to science and/or healthcare in the next five years? (100 to 300 words) *

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