

OCE | Oncology Center of Excellence

Summer Scholars Program Information and Application 2024

The FDA Oncology Center of Excellence Summer Scholars Program introduces high school students with an interest in STEM (science, technology, engineering, mathematics, or medicine) to the cancer drug development process and a variety of related STEM career opportunities.

Program Dates: June 24 through August 2, 2024 (six weeks, full-time internship)

Hybrid Program Locations: Virtually on Zoom 3 to 4 days per week. In person at FDA's White Oak Campus 1 or 2 times during the program. Up to 4 field trips will meet at Metro-accessible locations in the Washington, DC, Metropolitan Area (e.g., National Institutes of Health, U.S. Capitol, cancer centers). Pre-paid Metro cards will be provided to students.

Eligibility

- U.S. Citizen, non-citizen national, or legal permanent resident.
- 16 years of age or older by April 15 of the current year.
- Enrolled in high school junior or senior year (grade 11 or 12) as of January 1, 2024.
- Minimum overall GPA of 2.5 (on a 4.0 scale), although exceptions may be granted.
- Students who have been diagnosed with cancer or who have a sibling or a parent with cancer will have preference.
- The OCE values diversity and particularly encourages applications from individuals from diverse and disadvantaged backgrounds, including those from groups underrepresented in the cancer research workforce, for example those from the groups noted in the Notice of NIH's Interest in Diversity ([NOT-OD-20-031](#)).
- Must reside in the Washington DC Metropolitan Area, i.e., DC, Maryland, or Virginia.

Volunteer Program

Students will be enrolled through FDA's unpaid Summer Volunteer Student Program. Full-time, active participation of 8 hours per day, 4 days a week, is expected. Your school district may have programs that offer a stipend. Failure to comply with the school district's attendance policy may result in non-payment of stipend.

INSTRUCTIONS

Please read instructions thoroughly. Failure to comply with instructions can jeopardize your chances of gaining acceptance to the OCE Summer Scholars Program.

Please complete each section in the space provided.

Once the application is fully completed, save the file and rename it with the student's name, as follows: **LastName_FirstName_2024** (e.g., Nancy Smith's application file would be **Smith_Nancy_2024**). Then email the application to: FDAOncology@fda.hhs.gov.

PERSONAL INFORMATION

First and Last Name: _____

Birth Date (mm/dd/yyyy): ____/____/____

Preferred Name (Optional): _____

Pronouns (Optional): _____

Citizenship: US Citizen Non-citizen national Legal permanent resident

Do you currently reside outside the United States? Yes No

Cancer Diagnosis: Have you ever been diagnosed with cancer, or do you have a sibling or a parent/guardian who has been diagnosed with cancer? Select all that apply below:

Self Sibling Parent

Are you currently enrolled in grade 11 or 12? Select: 11 12

Date of expected or actual high school graduation:

Full Name of your High School:

Type of School: Public Private Other:

Do you have an educational accommodation (IEP, 504 plan, special classes)? Yes No

Have you ever been eligible for free school meals during your school years? Yes No

Current Overall GPA:

Do you have a parent/guardian who works at the US Food & Drug Administration? Yes No

Do you have a parent/guardian who works at a pharmaceutical company? Yes No

Do you have a parent/guardian working in the healthcare industry who holds a related terminal degree? (E.g., MD, PhD, PharmD, DO, DDS, DMD, DVM, OD, PsyD, DPH, DPM.) Yes No

Ethnicity

Are you Hispanic or Latino? Yes No

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender

- Female
- Male
- Transgender – Female
- Transgender – Male
- Non-Binary
- Other:

STUDENT’S CONTACT INFORMATION

Please do not use a school email address as they often block our email correspondence.
Additionally, you may miss information sent by the FDA OCE after the end of the academic school year. Check your spam folder regularly.

Email: _____

Phone: _____

Street Address: _____

City, State and Zip: _____

Including you, how many people (adults and children) are currently living in your household: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

First and Last Name: _____

Phone: _____ Email: _____

Highest Education Level: _____

Parent/Guardian 2

First and Last Name: _____

Phone: _____ Email: _____

Highest Education Level: _____

CONTRACTUAL AGREEMENTS (see forms provided on pages 6-8)

Applicant understands this program runs from June 24 through August 2, 2024, and commits to attending all sessions except for illness or family emergency. Applicant will notify the program directors of any unavoidable absence as soon in advance as possible.

Applicant has obtained a signature from an administrator or teacher at their school on the **Student Volunteer Employment Program Agreement** on page 6 of the application package (or on a copy of the form if separated from this package). Applications without this signature cannot be accepted.

Applicant agrees to comply with the **Commitment to Protect Confidential and/or Privileged Information** (p. 7).

Parent agreement if the Applicant under age 18.

Applicant (over 18) agrees to comply with the **FDA Photo, Audio and Video Release** (p. 8).

If applicant is under age 18, parent/guardian agrees to comply with **FDA Photo, Audio and Video Release Form for Minors** (pages 8-9).

PERSONAL STATEMENT – Please attach a one-page personal statement (or use the following page to write a statement) answering the following questions briefly:

- Why are you interested in attending the OCE Summer Scholars Program?
- Is this your first opportunity take part in a STEMM enrichment program or have you participated in similar programs previously?
- Please elaborate on how your or your family’s personal experiences have impacted or influenced your plans for a career in a STEMM field?

STUDENT'S PERSONAL STATEMENT

Student Volunteer Employment Program Agreement

Before appointing a SVEP, an agreement with the Educational Institution must be signed.

**Department of Health and Human Services and Educational Institution
Student Volunteer Employment Program Agreement**

This agreement is entered into between _____ (enter the name of your school here) hereinafter known as the "Institution" and the Department of Health and Human Services (HHS), hereinafter known as the "Organization" for the purpose of providing volunteer work experience to the student under the Student Volunteer Employment Program (SVEP).

In compliance with the provisions of 5 USC 3111, volunteer service is with the permission of the institution in which the student is enrolled. Service under this agreement is without compensation by the Organization and students will not be used to displace a Federal Employee. The volunteer must be a student who is enrolled not less than half-time at the Institution. This agreement in no way commits the Department of Health and Human Service to offer a permanent position to the student at the end of the assignment.

During the term of volunteer service, the student will determine a work schedule with their direct supervisor; notify their supervisor when they are unable to attend; perform and complete all work products assigned; complete attendance and performance records and provide them to their program supervisor at the completion of their assignment (as reasonably required in order for the experience to be properly credited).

Students are not considered Federal employees for any purpose other than compensation for injuries sustained during the performance of work assignments and Federal Tort Claims provisions of 28 USC 2671 through 2680.

The Organization will appoint an official to serve as a liaison with the school on matters related to the Student Volunteer Service Program. Further, a supervisor will be appointed during the term of the volunteer assignment and will serve as the student's direct point of contact for all matters as it relates directly to the students assignment. The Organization will ensure that the student volunteer receives specific on-the-job training in the field of their formal curriculum designed for the best development of knowledge and skills. The Organization will maintain records on student performance and other administrative matters and made available to the school upon request and will notify the school if the student volunteer is dropped because of unsatisfactory progress, lack of interest, or failure to meet conduct standards.

The Organization agrees that no student will be denied work or subjected to different treatment under this agreement on the grounds of race, color, disability religion, sex, or national origin, and that it will comply with the provisions of the Civil Rights Act of 1964 (P.L.88-352; 78 Stat. 252) and the regulations of the Department of Education which that act, and Title IX of the Education Amendments of 1972 (P.L. 92-318).

Student hires may be removed from work on a particular assignment at any time.

Name of Educational Institution

Department of Health and Human Services, Food and Drug Administration, Oncology Center of Excellence

Printed Name/Title of Educational Institution Representative

Printed Name of HHS Representative

Signature of Educational Representative

Signature of HHS Representative

Date

Date

Commitment to Protect FDA Confidential and/or Privileged Information – Summer Students

I understand that as a participant in the FDA Oncology Center of Excellence Summer Scholars Program, I may be provided with, have access to, or become knowledgeable of, confidential and/or privileged information while attending or participating in meetings at the FDA or working on assigned projects. This confidential and/or privileged information may come from a number of sources, including FDA, other governmental instrumentalities, regulated industry and/or private citizens and organizations.

I understand that I am given access to such information for official use only, to be used exclusively for FDA official business related to my summer internship. I understand that use of confidential and/or privileged information for any use other than work related to FDA official business is expressly prohibited. “FDA official business” means work or other activity that is directly related to the authorized mission and functions of FDA or any of its component centers or offices.

For purposes of this agreement, I understand “confidential information” to mean any information that is described or referenced in 21 USC 331(j) or 18 USC 1905, or any other predecisional or nonpublic information related to FDA work or activities and includes, but is not limited to, the following: proprietary data (including information or data that would be considered trade secrets within the meaning of 18 USC 1839 or 21 CFR 20.61), confidential commercial information (including the existence of an application that has not previously been publicly disclosed or acknowledged), information derived from and communicated during Agency deliberative processes, information relating to enforcement actions, and information relating to the development of regulations, guidance documents, citizen petition responses or responses to regulatory consults. I further understand “privileged information” includes, but is not limited to, all information that would fall under the scope of Article V of the Federal Rules of Evidence.

I agree that I shall use confidential and/or privileged information for FDA official business only and will not disclose or reproduce any confidential and/or privileged information without express written authorization. I further agree that I shall not use confidential and/or privileged information except for the limited purpose of participation in meetings and completing work assignments for FDA. I understand that I have an affirmative duty to protect this information from intentional or inadvertent unauthorized disclosure. I will take reasonable precautions to prevent access by any unauthorized personnel to any confidential and/or privileged information obtained during my rotation at FDA.

I will ask my Program Coordinator, Program Supervisor, or Program Mentor for guidance and direction should I have any questions regarding the above rules or if I am at any time not certain as to the confidentiality of any type of information. If I believe there may have been an unauthorized release of confidential and/or privileged information, I will report such breach immediately to my preceptor.

I have read and understand the content of this document and accept the responsibilities as outlined above. I understand that any unauthorized disclosure (whether intentional or inadvertent) of confidential and/or privileged information may lead to civil or criminal action. Further, I understand that FDA may report any such unauthorized disclosure of confidential and/or privileged information to my school. I also understand that my obligations under this agreement do not end with the completion of my rotation.

I enter into this agreement willingly and with full knowledge of its scope and application.

FDA Photo, Audio, and Video Privacy Release Form for Participants Over Age 18

I grant to the U.S. Food and Drug Administration (FDA) or its authorized representatives and contractors the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner my appearance, name, stage name, voice, likeness and performance during the OCE Summer Scholars Program, June 24-August 2, 2024. Furthermore, FDA shall have the right and license to use any biographical material about me that I might furnish. All images and sound captured on tape or otherwise shall be referred to in this Appearance Release as “the Recordings.”

I agree that FDA shall (i) own all rights in the Recordings, including, but not limited to, the right to reproduce, prepare derivative works of, distribute, display or perform the Recordings (ii) have the right to use the Recordings, in whole or in part, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages, throughout the world, and (iii) be entitled to use the Recordings as FDA deems appropriate, including, without limitation, for promotion and publicity purposes. “Media” for purposes of this Appearance Release shall include by way of illustration only: television broadcasts and rebroadcasts, newspapers, newsletters, magazines, books (paper, audio, and electronic), Internet, videotapes, CDs, DVDs and electronic databases.

FDA is under no obligation to use or exhibit the Recording in any manner. I waive (i) the right to inspect or approve of any use of the Recordings, (ii) any rights to injunctive relief I may have in connection with this Appearance Release, and (iii) the right to revoke this Appearance Release, and (iv) any moral rights I have in the Recordings.

I relinquish all monetary, invasion of privacy, libel, intellectual property, and other claims against FDA and its authorized representatives, including, but not limited to, any claim to photographs, graphics, audio, videotape, or video footage produced for these programs. To the extent my appearance is considered a service, I authorize such service gratuitously and without expectation for any future payment or remuneration.

I have read the above release prior to its execution, and I am fully familiar with the contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

FDA Photo, Audio, and Video Privacy Release Form for Minors

For the purpose of this release form, “minor” shall be defined as a person under the age of 18. As the above-named minor participant’s parent/legal guardian, I grant to the U.S. Food and Drug Administration (FDA) or its authorized representatives and contractors the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner the participant’s appearance, name, stage name, voice, likeness, and performance during the OCE Summer Scholars Program, June 24-August 2, 2024. Furthermore, FDA shall have the right and license to use any biographical material about the participant that I might furnish. All images and sound captured on tape or otherwise shall be referred to in this Appearance Release as “the Recordings.”

I agree that FDA shall (i) own all rights in the Recordings, including, but not limited to, the right to reproduce, prepare derivative works of, distribute, display or perform the Recordings (ii) have the right to use the Recordings, in whole or in part, in any manner or media (whether now existing or

created in the future), in perpetuity, and in all languages, throughout the world, and (iii) be entitled to use the Recordings as FDA deems appropriate, including, without limitation, for promotion and publicity purposes. "Media" for purposes of this Appearance Release shall include by way of illustration only: television broadcasts and rebroadcasts, newspapers, magazines, books (paper, audio, and electronic), Internet, videotapes, CDs, DVDs and electronic databases.

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I relinquish all monetary, invasion of privacy, libel, intellectual property, and other claims against FDA and its authorized representatives, including, but not limited to, any claim to photographs, audio, videotape, or video footage produced for these programs. To the extent the participant's appearance is considered a service, I authorize such service gratuitously and without expectation for any future payment or remuneration.

I am the participant's parent/legal guardian and have every right to contract on his/her behalf. I have read the above release prior to its execution, and I am fully familiar with the contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Note to Applicant: Once you have filled in the form fields in this application package and saved the file, you may not be able to edit the information later. If you need to change your information, you will have to download or print out a clean copy. Please do not submit more than one copy of your application.

Optional: Student's Resume or CV (or attach separate document)