**COHFMA Early Careerist Member Fee Grant Program**

**Association Year: 2023/2024**

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The Central Ohio Chapter of the Healthcare Financial Management Association (COHFMA), Membership Fee Grant Program, offers the opportunity for two early careerists involved in any healthcare management profession to obtain full funding for the full cost of professional or business partner HFMA membership for one calendar year (up to $505 in 2023, updated annually based on business partner membership price), to be paid for by COHFMA.

The grant is awarded to an individual that is actively engaged in COHFMA service activities, including participation in volunteer events and/or chapter committees (Programming, Membership, Communications, Networking, Gives Back, Early Careerists, or Student Leadership).

Applications plus all relevant supporting documents may be submitted to: [hfma.centralohio@gmail.com](mailto:hfma.centralohio@gmail.com).

Applications may be submitted on a rolling basis and will be considered as long as either of the two grants for the current fiscal year have not already been awarded. Applications will be reviewed by the Membership Committee chair(s), Early Careerist Committee chair(s), and COHFMA leadership team for a decision.

**Applicant Eligibility**

To qualify for consideration for the grant program, all applicants must meet the following minimum requirements:

1. Candidate must be working in healthcare management, revenue cycle, or finance; or actively seeking employment in this field as a recent graduate from a healthcare management program field of study (graduate or undergraduate).
2. Candidate must have less than five years of healthcare industry experience (cumulative) at the time the fellowship is awarded. Time spent in school does not count toward this five-year cap.
3. Candidate must have confirmed that alternate sources of employer HFMA membership fee funding (Enterprise membership or employer reimbursement) are *not* available.
4. Candidate must have a history of active volunteerism with COHFMA during the past calendar year, including event volunteerism and/or committee participation with regular attendance.

Previous grant awardees are eligible, provided they meet all other eligibility requirements, but must reapply each calendar year.

**Review Criteria**

All interested applicants will need to submit:

1. ***An application form***
2. ***Resume***
   1. Resume should include a list of past volunteer experience including events for COHFMA.
3. ***Two (2) letters of recommendation***
   1. Letters of recommendation should include the recommender’s position and comment about the applicant’s leadership potential, technical, and communication skills, and engagement in chapter volunteerism.

Recommender should email, with clear indication of applicant, the letter directly to: [hfma.centralohio@gmail.com](mailto:hfma.centralohio@gmail.com).

**Conditions of Grant Award**

Awardee will agree to actively participate on at least one COHFMA committee based upon the individual's interest. Approximately 1-2 hours/month. Appointment to a committee will be one (1) year. Committees currently available:

|  |  |  |  |
| --- | --- | --- | --- |
| Communications | Early Careerists | Gives Back | Networking/Social |
| Membership | Programming | Sponsorship |  |

**Questions**

Please contact the COHFMA Leadership Team with any questions or concerns by emailing us at [**hfma.centralohio@gmail.com**](mailto:hfma.centralohio@gmail.com)**.**

*Find Us Here*:



[@CentralOhioHFMA](https://twitter.com/search?q=centralOhioHFMA&src=typed_query) [Central Ohio HFMA](https://www.facebook.com/HFMA-Central-Ohio-Chapter-114988518564759/)



[HFMA Central Ohio Chapter Vimeo](https://vimeo.com/hfmacentralohio) [Central Ohio HFMA](https://www.linkedin.com/groups/1967982/)

[www.CentralOhioHFMA.org](http://www.CentralOhioHFMA.org)

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**Association Year: 2023/2024**

***APPLICATION FORM***

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different than above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARRER HISTORY**

I certify that I have less than 5 years of cumulative experience working in a healthcare management, finance, or revenue cycle-related profession.

I certify that I am currently working in healthcare management, revenue cycle, or finance; or actively seeking employment in this field as a recent graduate from a healthcare management program field of study (graduate or undergraduate).

I certify that I have confirmed alternate sources of employer HFMA membership fee funding (Enterprise membership or employer reimbursement) are **not** available from my employer.

**PERSONAL STATEMENT**

Please prepare a personal statement about:

1. Your history of active volunteerism with COHFMA (events and/or committee participation).
2. Your future goals for active volunteerism within COHFMA (events and/or initiatives).
3. The committee(s) you are interested in participating in.
4. What interests you about the committee(s).

Awardee will agree to actively participate on at least one COHFMA committee based upon the individual's interest. Approximately 1-2 hours/month. Appointment to a committee will be one (1) year. Committees currently available:

* + Communications
  + Early Careerists
  + Gives Back
  + Networking/Social
  + Membership
  + Programming
  + Sponsorship

**VERIFICATION**

I attest the information provided in this application is complete and accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_