hfma
central ohio chapter

COHFMA Early Careerist Membership Fee Grant Program
Association Year: 2025/2026

About the Program

The Central Ohio Chapter of the Healthcare Financial Management Association (COHFMA) offers the opportunity for early careerists involved in any healthcare management profession to obtain a membership grant through this dedicated program. The grant offers up to full funding for the cost of a professional or business partner HFMA membership for one calendar year (*up to $525 in 2025, updated annually based on business partner membership price*), paid for by COHFMA. The amount awarded is dependent on available funds and will be subject to the discretion of application graders.

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

Membership Fee Grant Application - Key Information

If an applicant is a first-year early careerist who is currently a registered HFMA student member, they are eligible for an additional one-time membership discount provided by HFMA. Applicants in this category must contact the COHFMA Early Careerist to receive this discount code.

- **Awarded Applicants** – This one-time membership discount code will be used in addition to grant funds.
- **Unawarded Applicants** – This one-time membership discount code can still be utilized. Please reach out to COHFMA Early Careerist committee contacts *(see information below)*.

Application plus all relevant supporting documents are to be submitted via email to hfma.centralohio@gmail.com.

- This includes letters of recommendation. The individual writing your letter is to email the letter directly to our inbox.

Applications will be reviewed following the submission deadline of the end of day **Friday, September 12, 2025,** by the Membership Committee chair(s) and the Central Ohio HFMA leadership team for a decision.

Distribution of funds will be determined based on the applicant's current membership status and the forthcoming expiration date. Awarded applicants are expected to begin their twelve-month committee participation immediately upon award notification.

Applicant Eligibility

All applicants must meet these minimum requirements to be considered for the grant program:

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 membership fee grant 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.

Additional Considerations *(these are not requirements)*

4) If a candidate has a history of active involvement/participation with a HFMA chapter in the past, including attending local events, involvement in committees, achievement of a certification, etc**., please mention this in your personal statement.** If you have not previously been involved with HFMA, please discuss your intentions to begin your involvement.

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

Applicant Submission Criteria

All interested applicants will need to submit:

1) An application form
2) Resume
   a. Resume should include a list of past volunteer experiences including but not limited to HFMA activities.
3) First-time applicants ONLY: One (1) letter of recommendation
   a. The letter of recommendation should include the recommender's position/company and comment about the applicant's leadership potential, technical, and communication skills, and engagement *(if applicable)* with HFMA.
   b. A letter of recommendation is **not** required for past grant-awardees.

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

hfma
central ohio chapter

Conditions of Grant Award

The awardee will agree to actively participate in 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 Early Careerist Committee with any questions or concerns regarding the application and obtaining first-year discount code (*if applicable*) by emailing us at: **PSnyder@Healthrise.com**.

Find Us Here:

@CentralOhioHFMA

Central Ohio HFMA

HFMA Central Ohio Chapter Vimeo

Central Ohio HFMA

HFMA - Central Ohio Webpage

hfma
central ohio chapter

COHFMA Early Careerist Membership Fee Grant Program
Association Year: 2025/2026
APPLICATION FORM

APPLICANT INFORMATION

Full Name: _____

Permanent Mailing Address: _____

Primary Contact Phone Number: _____

E-mail Address: _____

Mailing Address (if different than above): _____

Current Membership Status: ☐ Active ☐ Expired ☐ N/A
If status is active, what is your membership expiration date: _____

Current Membership Level: ☐ Student ☐ Professional ☐ Business Partner ☐ N/A

Have you previously received this grant? ☐ Yes ☐ No
If yes, please state what year(s): _____

CARRER HISTORY

☐ I certify that I have less than 5 years of cumulative experience working in 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 involvement with COHFMA or other organizations (events and/or committee participation)
2) Your future goals for active engagement within COHFMA (events and/or initiatives).
3) The committee(s) you are interested in participating in.
4) What interests you about the committee(s).

The awardee will agree to actively participate in 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

The awardee will be considered an Early Careerist committee member but is supported in being active on any of the Central Ohio Chapter's committees.

VERIFICATION

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

Applicant Signature: _____

Date: _____