

COHFMA Student Scholarship Program Association & Academic Year: 2021/2022

(June 2021 – May 2022)

The Central Ohio Chapter of the Healthcare Financial Management Association (COHFMA), Student Scholarship Program, offers the opportunity for students pursuing any healthcare management profession to obtain financial assistance for a specified variety of categories. COHFMA membership includes central and southeastern Ohio areas.

The categories of scholarship offered are:

1. Tuition Assistance (\$1,000 award) + HFMA Student Membership Fee (\$50 award)
2. HFMA Student Membership Fee (\$50 award)

Scholarship are awarded for academic achievement, demonstration of leadership potential, service activities, technical skills, and communication skills. Specifically, for the tuition assistance, award will also be subject to demonstrating the desire to commit to engaging in committee participation with the COHFMA Leadership Team.

Applications must be submitted by **Friday, February 19, 2021 by 5pm.**

Applicant Eligibility

To qualify for consideration for any category of scholarship offered, all applicants must meet the following minimum requirements:

- Candidate must have full-time student status and pursuing a healthcare management or related program of study at the time the scholarship is awarded and may be undergraduate, graduate, or doctoral student.
- Undergraduate students must have a minimum of 60 credit hours completed when scholarship is awarded.
- Previous tuition winners are ineligible.
- Previous tuition applicants who were not selected are eligible but must reapply.
- Previous membership fee winners are eligible but must reapply.

Review Criteria

- All interested students will need to submit:
 1. An application form
 2. Resume or Curriculum Vitae
- Specific to Tuition Award Review Criteria:
 - Application, Resume -PLUS-
 - Letter(s) of Recommendation, *maximum 2*
 - Letter should include the recommender's position and comment about the student's leadership potential, technical, and communication skills.
 - Recommender should email, with clear indication of student, the letter directly to: hfma.centralohio@gmail.com

Conditions of Tuition Award

1. Awardee will agree to lead, with the support of a seasoned Leadership Member, the established **Student Leadership Committee**. *Approximately 2 hours/month beginning June 2021.* Appointment to a committee will be one (1) year.
2. Awardee will agree to actively participate on at least one COHFMA committee based upon the student's interest. *Approximately 4-6 hours/month beginning June 2021.* Appointment to a committee will be one (1) year. [Committees](#) currently available:
 - Communications
 - Membership
 - Programming
 - Sponsorship

Conditions of Membership Award

1. Awardee will agree to participate in a **Student Engagement Committee**, along with other membership awardees. *Approximately 1 hour/month beginning June 2021.* Appointment to a committee will be one (1) year.

Questions

Please contact the COHFMA Leadership Team with any questions or concerns by emailing us at hfma.centralohio@gmail.com.

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[Central Ohio HFMA](https://www.facebook.com/CentralOhioHFMA)



[HFMA Central Ohio Chapter Vimeo](https://vimeo.com/HFMA-Central-Ohio-Chapter)



[Central Ohio HFMA](https://www.linkedin.com/company/CentralOhioHFMA)



www.CentralOhioHFMA.org

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APPLICATION FORM

I am submitting this application for (check all that apply):

Tuition Award

Membership Fee Award

APPLICANT INFORMATION

Student Full Name: _____

Permanent Mailing Address: _____

Primary Contact Phone Number: _____

E-mail Address: _____

Mailing Address (if different than above): _____

DEGREE/PROGRAM

Undergraduate

Graduate

Doctorate

Academic Institution: _____

College & Department: _____

Major/Program: _____

Academic Advisor: _____

Current Program Cumulative GPA: _____

PERSONAL STATEMENT

Please prepare a personal statement about how you view yourself today and your future vision including career goals upon completion of your program in a healthcare management profession. In addition, please describe why you would like to be involved in the Central Ohio Healthcare Financial Management Association.

IF APPLYING FOR THE TUITION AWARD: Awardee will agree to lead, with the support of a seasoned Leadership Member, the **Student Leadership Committee**. In addition, awardee will agree to actively participate on at least one COHFMA committee based upon their interest and the needs of the COHFMA Leadership Team. *Approximately 6 hours/month beginning June 2021.* Appointment to a committee will be one (1) year. **Please indicate which committee you would be willing to participate:**

- Communications
- Membership
- Programming
- Sponsorship

Provide a brief statement on the desire to engage in committee participation with the COHFMA Leadership Team.

VERIFICATION

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

Applicant Signature: _____

Date: _____