

## COHFMA Graduating Student CHFP Upgrade For 2020-2021 graduating student members

***Application due: Friday, May 7, 2021***

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The Central Ohio Chapter of Healthcare Financial Management Association (COHFMA) offers the opportunity to support a student member with an upgrade to a professional membership following graduation. For current student members graduating and entering the workforce, they may be interested in receiving their HFMA CHFP certification. This certification material can be completed as a student member, but the designation can only be officially earned upon assuming Professional member status for a discounted rate of \$200. Central Ohio HFMA offers to cover 50% of this cost through a CHFP Upgrade scholarship to support this member status upgrade.

Applications and all supporting documents must be submitted by **Friday, May 7, 2021 by 5pm** to [hfma.centralohio@gmail.com](mailto:hfma.centralohio@gmail.com).

### Applicant Eligibility

Students seeking this opportunity must:

1. Be graduating from an accredited school sometime between August 2020-July 2021 and entering the workforce.
2. Be a current Central Ohio HFMA student member

### Review Criteria

All interested students will need to submit:

1. An application form
2. Resume or Curriculum Vitae
3. Personal Statement (<500 words)
  - a. Briefly introduce yourself
  - b. State your career goals
  - c. Discuss how the CHFP certification and professional status will benefit your career endeavors

### 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:



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



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

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**APPLICANT INFORMATION**

Student Member 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 &amp; Department: \_\_\_\_\_

Major/Program: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Current Program Cumulative GPA: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Plans following graduation: \_\_\_\_\_

**HFMA MEMBERSHIP** I confirm that I am a current student member of Central Ohio HFMA**VERIFICATION**

I attest the information provided in this application is complete and accurate to the best of my knowledge. Additionally, that I am a current student member of COHFMA and plan on entering the workforce following my graduation from my institution within the timeframe stated.

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

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

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central ohio chapter

**PERSONAL STATEMENT**

Please prepare a personal statement (<500 words) that introduces yourself and your career goals. Discuss how the CHFP certification and professional status within HFMA will benefit your career endeavors.