



1801 East Upriver Drive  
Spokane, WA 99207-5181

Phone: 509.483.6483  
Fax: 509.482.8176

## **Hjortedal Memorial Nursing Scholarship 2026/2027 Academic Year**

Thanks to the generous donations from the residents of Riverview Retirement Community, we are pleased to offer two \$4000. scholarships for Riverview employees pursuing an advanced degree as a Licensed Practical Nurse or Registered Nurse during the 2026/2027 school year. The scholarship is in memory of one of Riverview's first nurses, Gjertine "Gertie" Hjortedal, hired in 1959. She was an important part of Riverview's history and her family continues to support Riverview's mission.

### **Scholarship Guidelines & Priorities:**

- \* Applicants must be currently enrolled or accepted for enrollment in an accredited nursing education program during the 2026-2027 school year.
- \* Applicants must be pursuing an LPN or RN designation.
- \* Applicants must be employed at Riverview for one full year before application. They must be in good standing with no disciplinary actions in the past six months.
- \* Recipients must maintain a cumulative 2.8 GPA.
- \* \$1000 will be paid to each recipient at the beginning of each quarter. The recipient will provide proof of continued enrollment and GPA.
- \* Scholarship recipients do not receive any employment or advancement guarantees.
- \* Applications must be received by Riverview no later than May 31, 2026. Late applications will not be accepted.

**Please E-Mail your application and essay to [aharbine@riverviewretirement.org](mailto:aharbine@riverviewretirement.org).**

The applications will be reviewed and recipients selected by the Riverview Scholarship Committee. Applicants will be notified by **June 15, 2026**.

Please submit any questions to: Alan Harbine, Development Coordinator,  
[aharbine@riverviewretirement.org](mailto:aharbine@riverviewretirement.org)



## NURSING SCHOLARSHIP APPLICATION 2026/2027

Please <b>type</b> your answers. <i>Use an additional piece of paper if necessary.</i>	
1.	Last Name: _____ First Name, Middle Initial: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime telephone number: (     ) _____
4.	Email Address: _____
5.	Current Riverview Job Title: _____ How long employed at Riverview: _____
6.	Educational History College: _____ Degree Earned: _____ College: _____ Degree Earned: _____
7.	Previous employment outside of Riverview: _____
8.	Hobbies, outside interests, activities: _____
9.	As part of your application for the Riverview Nursing Scholarship, please submit a thoughtful essay (up to 1000 words) addressing the following: <ul style="list-style-type: none"><li>• What inspired you to pursue a career in Healthcare, and what does being a healthcare professional mean to you?</li><li>• How has your experience working with the geriatric community at Riverview influenced your personal and professional growth?</li><li>• In what ways has this experience shaped your passion for working with older adults, and do you see yourself continuing in this field after graduation?</li></ul> Your response should be personal, reflective, and demonstrate your commitment to the nursing profession.



### STATEMENT OF ACCURACY

I affirm that all the above-stated information I provided is true and correct to the best of my knowledge.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist:**

- Application
- Essay
- Signature

**E-MAIL COMPLETED APPLICATION PACKAGE TO:**

[aharbine@riverviewretirement.org](mailto:aharbine@riverviewretirement.org)

**REMINDER:**

**Applications must be received no later than May 31, 2026  
There will be no exceptions!**