

Shy Touba Memorial Scholarship
Friends of the Westwood Library

Name: _____

Address: _____
(must reside in Westwood)

Phone & Email: _____

Name of Program Enrolled (MUST BE ALA ACCREDITED): _____

of credits currently enrolled _____

Employment History: _____

Volunteer History: _____

Education (school, degree earned):

Please include the following:

- Copy of acceptance letter**
- Personal statement of career goals**
- Two letters of recommendation**
- Proof of residency in Westwood**

Mail completed application and additional materials requested by **APRIL 1, 2024** to:

Westwood Public Library, 49 Park Avenue, Westwood NJ 07675