Village Representative Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Occupation: |  |
| Education and Experience: |  |
| Email: |  |
| Home/Cell Phone: |  |  |
|  |  |

Village to Represent: \_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Village: \_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Village: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tell us about yourself. Family? Education? Professional Background? Community Involvement? |
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| Do you have a direct contact to the village in India? If so, who? |
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| How often do you travel to India? |
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| Do you know the condition of the village school or education system? If so, what is the current condition? |
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| Mail or Fax to: Dalubhai Gopalbhai Patel Fund, Inc.223 Oak Hill Road Horseheads, NY 14845 | P: (607) 739 – 6769 F: (607) 739 – 6769E: chandni@tinysmilingfaces.org  |