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 – 6769  E: chandni@tinysmilingfaces.org |