

2021 Ms. Wheelchair Alabama America State Competition Contestant Application Form

Event Date: January 14-16, 2021
Application Deadline: December 15
EARLY ENTRY DEADLINE: December 1



Eligibility Requirements: All Entrants must...

- Be a U.S. female citizen
- Be 21 years or older
- use a wheelchair or scooter for 100% of her public mobility
- be a resident of Alabama for 6 months prior to application submission
- demonstrate effective communication skills (this does not mean verbal)
- be available to act as a representative for people with disabilities
- **MUST ATTEND** the Ms. Wheelchair America national competition (7 DAYS) if chosen Ms. Wheelchair Alabama America.

T-Shirt Size (circle one): S M L XL 2XL 3XL 4XL

Name (as you wish it to appear in the program): _____

Address: _____

City: _____ State: AL Zip Code: _____

Email: _____

Cell Phone: _____ Are you an American citizen? Yes ___ No__ (Must be a US citizen)

Marital Status: ___Single ___Married ___Divorced ___Widowed ___ Domestic Partnership

Have you lived in Alabama at least 6 months prior to submitting this application? ___ Yes ___ No

Have you ever been convicted of a felony? Yes___ No___ If yes, please explain.

Do you use your wheelchair or scooter for 100% mobility in public? Yes ____ No ____

If no, please explain.

Date of birth: _____ Age at onset of disability: _____

Primary Disability:

Describe the limitations your disability causes:

Secondary Disabilities:

Describe the limitations your secondary disability causes:

Do you require personal assistance daily? _____ Yes _____ No

Will you be bringing a Personal Care Attendant with you to the State Competition? _____ Yes _____ No

How do you communicate best? _____ Verbal _____ Assistive Tech _____ Sign Language

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____ Phone: _____ Relationship: _____

NAME: _____ Phone: _____ Relationship: _____

CONTESTANT'S PHYSICIAN'S NAME:

Name: _____ Phone: _____

Address: _____

City: _____ State: AL Zip Code: _____ Phone: _____

EMPLOYMENT:

Current Occupation: _____

Employer: _____

Address: _____

City: _____ State: AL Zip Code: _____ Phone: _____

Current Job Duties:

If you are chosen as Ms. Wheelchair Alabama-America, can you get time off from your job or school to travel and/or make appearances? Yes _____ No _____ Not Sure _____

If you are chosen as Ms. Wheelchair Alabama America, do you have transportation to all events/appearances? Yes _____ No _____

ACTIVITIES/ACHIEVEMENTS/SPECIAL INTERESTS:

Please describe your community involvement in the following categories: Organizations, Activities, Hobbies and Special Interests. Please list any awards or honors.

COMMUNICATION SKILLS:

On a scale from 1 to 10 (10 being excellent) how would you rate your communication skills? _____

Important:

Contestants are responsible for obtaining their own PCA-Personal Care Attendant(s), entry fees, sponsorships, and transportation to the State Competition.

IF crowned Ms. Wheelchair Alabama America **you** will be responsible for raising the funds and/or obtaining sponsors for your National entry fees and travel expenses to attend the National Pageant. The Alabama State Program **may** choose to assist with a small portion, if budget permits, BUT understand that ultimately it is **YOUR** responsibility.

Will you be able to do this? Yes _____ No _____

SELF PERCEPTION:

What five words best describe you?

1 _____

2 _____

3 _____

4 _____

5 _____

SELF-PERCEPTION/ VIEW OF DISABILITY/ PHILOSOPHY

PLATFORM/SPEECH:

You will be asked to give a **2-minute** speech outlining your platform, its significance to you and the disability community, and what audiences you would target. Your platform is an issue that affects the disability community. This is your tool to educate people with and without disabilities. Your platform should be something you feel passionate about and you should feel comfortable talking about and not overly technical. **What is the topic of your platform (summarize it in a few words)?**

BIOGRAPHY:

Please write a brief biography for use by the judges and it will also be printed in the program. If chosen Ms. Wheelchair Alabama America, your biography will be used in press releases throughout your reign. Please limit your biography to **100 words or less**. When writing your biography please write in third person. Things to mention are: Where you're from, current town you live in, age, reason for wheelchair use, family/husband/kids, job, education, hobbies, and things you are involved with, achievements, community involvement, and/or overall, who you are. Use the back of this page if needed or attach additional sheets.

Lined area for writing the biography.

ENTRY FEE:

Contestants are responsible for paying or fundraising the pageant entry fee totaling **\$300**. Ask business owners, friends, family. Let everyone you know you are participating and get them on board. The *Entry Fee will increase to \$350 December 1st*. You can obtain sponsorships not only for money, but for makeup, dress, hair, nails, transportation, and other related items. Be creative. Keep a list of all sponsors. Include contact info, what they gave you. We will list them in the program. ***Be sure to submit the list no later than December 15 in order to be printed in the program.***

ADDITIONAL INFORMATION:

- ❖ Public speaking is an extremely important part of being Ms. Wheelchair Alabama. During the Gala, you will need to present one (1) prepared speech **no more than 2 minutes in length**. This is your opportunity to educate the audience and judges about your platform. Your platform should be a disability issue you feel passionate about and you should feel comfortable talking about it.
- ❖ Once your application is accepted and the Fee is received you will receive a welcome packet with information about your schedule, attire requirements, hotel accommodations, and other helpful information. There will be forms that you will need to fill out about your PCA, food, room needs
- ❖ **Formal Wear** will be required for the on-stage portion and the crowning gala. You will be given time to change.
- ❖ Contestants will be judged on their performance in private interviews with the judges, a 2-minute platform speech, an on-stage extemporaneous question session, and miscellaneous criteria while attending workshops and community events during the Leadership Summit.
- ❖ Contestants may bring one (1) person to serve as their personal care attendant (PCA). Your PCA will share your hotel room. Some meals will be included but not all.
- ❖ Family, friends, sponsors, and the general public are welcome at the crowning gala but will need to purchase a ticket. Tickets are available in advance online at www.mwa-alabama.org. Tickets will also be available at the door for purchase. (debit/credit & cash only, no checks)
- ❖ **People's Choice Award**: This is awarded to the contestant that gets the most votes from her family, friends, and community. Voting will be \$1 donation per vote and people may vote as many times as they choose. Donations will be paid through PayPal, Venmo, and Cash App. The person voting must indicate the candidate in the note section on PayPal, Venmo, Cash App. If the candidate is not designated the donation will be applied to the general pool of donations received.. Watch the Facebook page for reminders and instructions.
- ❖ **REQUIRED**: Please list your social media addresses/page links below:

Facebook Page: _____

Instagram: _____

Twitter: _____

MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- 2 Head Shots in color with NO FILTERS from online. Your Headshot can be a professional photo or one from your cell phone. It must be in .png, .jpeg, or .gif format.
- List of Sponsors (please include Company Name, Contact Person, Phone, email, mailing address so we can properly thank them and keep legal records for IRS purposes. Submit no later than 12/15
- (Optional) Ticket Order Form & Payment for friends and family attending the crowning. You do not have to use this form, it is included for your convenience. Tickets will be available at the door and online at www.mwa-alabama.org

(remember we are a nonprofit and all money raised is used for competitions, scholarships, grants and minimal operating expenses, the organization is 100% volunteer run, we have no paid employees, donations are our lifeblood)

Mailing Instructions: We prefer email submissions but if you need to mail your application package....

Mail your completed package to:
Ms. Wheelchair Alabama America Inc.
c/o Robin Drolet, VP
1170 Pointclear Place #1712
Huntsville, AL 35824

We are not responsible for applications delayed or lost in the mail. We suggest getting a tracking number or delivery confirmation on the mail piece.

EMAIL and PayPal Instructions: Must be received by January 15, 2020

- Entry Fees must be paid electronically by PAYPAL, Venmo, or Cash App. Contact us when ready to make payment and we will give you the link to pay.
- Company Checks will be accepted from a sponsor; please make them out to Ms. Wheelchair Alabama America Inc.
- Email your application, head shots, ticket orders, and sponsor list to coordinator@mwa-alabama.org

If your payment & application is not received or emailed by December 15th, your application will not be reviewed for acceptance. The earlier you submit your package the more time you will have to prepare.

Questions:

Contact Joanne Pearson, State Coordinator @ 256-368-7673, coordinator@mwa-alabama.org. You may also contact us on Facebook.

Sponsor List: Please list any sponsor you wish to be listed in the program with full contact information. Use extra page if needed.

Name/Company	Address, City, Zip	Phone	Email	What/How did they sponsor

Liability & Information Release

I hereby certify that the information provided in this application is true and correct to the best of my knowledge, information, and belief. I hereby give my permission to Ms. Wheelchair Alabama America Inc. to use the information provided in this application in their publications and social media for the program and in any other publications regarding the program. I give permission for photo, video, television broadcast, and audio recording(s) of my participation in the Ms. Wheelchair Alabama America Competition. I further give permission to Ms. Wheelchair Alabama America Inc. to use these photo, video, television broadcasts, and audio recording(s) in future promotion of the program. In addition, I release Ms. Wheelchair Alabama America Inc. from any and all liabilities while participating in the State Competition.

Applicant's Signature

Date

Applicant's Printed Name

For Office Use, Only

Date Received: _____

Amount Paid : \$ _____

Date Sponsor list received: _____

Date Headshots Received: _____

2021 Ms. Wheelchair Alabama America Competition Ticket Order Form



Crowning Gala: January 16, 2021

- Tickets will be available at the door
- Pre-purchased tickets will be available for pick up at the WELCOME/CHECK IN table

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

	Description	Qty	Price	Subtotal
	VIP Tickets for Gala (includes: 1 Swag/goodie Bag, 1 program, meet n greet with current Titleholder)		25.00	
	General Admission Ticket for Gala		10.00	

Special Notes/Disability Accommodations needed

Total \$ _____
 Processing Fees \$ 1.75
 Grand Total \$ _____

Payment Information:

- Master Card
- Visa
- Discover

Payments are accepted through PayPal, Venmo, Cash App, please contact us for our links.

Card Number _____ Exp Date _____ CVN (back of card) _____

Name on Card _____ Billing Zip Code _____

Tables are available for purchase. Please contact us at coordinator@mwa-alabma.org or call 256-368-7673.