



Ms. Wheelchair Mississippi 2016 Contestant Application

Saturday, March 12, 2016

Madison Central High School Auditorium

1417 Highland Colony Pkwy Madison, MS 39130

Instructions: The completed application and supplemental materials are due no later than **Wednesday, February 10, 2016**. Applications may be submitted via **email** (comperelauren@gmail.com) or **mail (P.O. Box 2422 Madison, MS 39130)**.

The information in this document will be **reviewed by the judges**. Indicated information will be used in the **pageant program book**. Call **Lauren Compere, State Coordinator**, at **601-832-8927** if questions arise.

Contestant Name: _____

(Please print your name as you wish it to appear in the pageant program book.)

Address: _____

City: _____ **State:** _____

Zip Code: _____

E-mail address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Marital Status: ___Single ___Married ___Divorced ___Widowed

Are you an American citizen? Yes ___ No ___

How long have you been a resident of Mississippi? _____ Years

Have you been convicted of a felony? Yes ___ No ___

If yes, please explain.

Are you registered to vote? Yes _____ No _____

Do you use your wheelchair for 100% mobility? Yes ___ No ___

If no, please explain.

Have you ever participated in the Ms. Wheelchair Mississippi Pageant?

If so, what year(s)?

Have you ever competed in the Ms. Wheelchair America Pageant as a contestant before representing Mississippi, any other state, or D.C.? Yes _____ No _____

If yes, when were you a contestant and which state did you represent?

Date of birth: _____

Date of onset of disability: _____

Age at onset of disability: _____

Primary Disability:

Secondary Diagnosis (if any):

Describe limitations disability causes:

Please describe any recent changes in diagnosis/condition:

Do you require daily personal assistance? ____ Yes ____ No

Do you have a service dog? ____ Yes ____ No

If yes, will the dog be with you at the Ms. Wheelchair MS Pageant? ____ Yes ____ No

Describe any special dietary needs you have (vegetarian, food allergies, diabetic, etc.):

Describe any allergies you have:

ASSISTANT INFORMATION:

Instructions: The Ms. Wheelchair MS Foundation will allow you to bring 1 (one) assistant. The assistant is welcome at all pageant events, except the interviews with the judges. If your companion changes please notify Lauren Compere. If the assistant section is blank, it will be assumed you are not bringing an assistant.

Assistant Name: _____

Phone: _____

Describe any special dietary needs and/or allergies your assistant may have:

IN CASE OF EMERGENCY: The Ms. Wheelchair MS Foundation will call 911 in case of emergency.

Notify: _____ Phone: _____

Notify: _____ Phone: _____

EDUCATION:

High School: _____ Years Attended: _____

Diploma: ___ Yes ___ No ___ GED ___ Certificate

College/University: _____

Dates Attended: _____

Degree/Major: _____

Other: _____ Dates Attended: _____

Diploma: ___ Yes ___ No

EMPLOYMENT HISTORY:

Use additional pages if needed.

Current Occupation: _____

Employer: _____

Address: _____ Zip: _____

Phone: _____

Job Duties: _____

Previous Occupation: _____

Employer: _____

Address: _____ Zip: _____

Phone: _____

Job Duties: _____

***If you are chosen Ms. Wheelchair MS 2016, you will represent MS at Ms. Wheelchair America on August 8-14, 2016 in Grand Rapids, Michigan? Can you fulfill this responsibility?**

_____ Yes _____ No _____ Not Sure

***If selected Ms. Wheelchair MS 2016 can you get time off from your job and/or school for advocacy events in MS? _____ Yes _____ No _____ Not Sure**

***The Ms. Wheelchair MS Foundation requires that you participate in at least 2 advocacy events per month. Can you meet this requirement?**

___ Yes ___ No ___ Not Sure

***If you are chosen Ms. Wheelchair MS 2016, do you have reliable transportation to events? _____ Yes _____ No _____ Not Sure**

***As Ms. Wheelchair MS 2016, will you be able to travel throughout the state to advocate for individuals affected by disability? _____ Yes _____ No _____ Not Sure**

***Please describe your current method of transportation – do you drive, what type of vehicle, etc:**

ACTIVITIES/ACHIEVEMENTS/SPECIAL INTERESTS:

Please describe your involvement in the following categories

Organization, Memberships, and Activities (include dates):

Awards, Achievements, and Honors (include dates):

Hobbies, Special Interest, Interesting Information:

COMMUNICATION SKILLS:

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

List your public speaking experiences (include dates if possible):

List specific examples of your disability advocacy (include dates if possible):

SELF PERCEPTION:

What five words best describe you?

- 1.
- 2.
- 3.
- 4.
- 5.

PLATFORM: Your platform will be included in the pageant program book.

Your platform is one of the most important components of the Ms. Wheelchair MS Pageant, your reign as Ms. Wheelchair MS 2016, and the Ms. Wheelchair America Pageant! Therefore, your platform should be a disability-related topic that you are extremely passionate about and feel confident discussing. Your platform can be a disability area which needs improvement or has never been addressed. If crowned Ms. Wheelchair MS 2016, your platform will be the topic of many of your public appearances (speeches, radio/tv interviews, news articles, etc.). Your platform will help you educate both those affected and unaffected by disability.

At the Ms. Wheelchair MS competition, you will deliver a **2 minute, memorized speech** on your platform. Speeches are **not** to include notes or power point slides. Aid from a speaking device or translator is permitted for contestants who require assistance. Inform Lauren Compere if you need this accommodation. The speech will be given at the crowning ceremony (in front of family, friends, and guests). Your speech will be evaluated and scored by the judges. **Points will likely be deducted if your speech is longer than 2 minutes.** Your speech should identify the problem that needs to be addressed or that needs improvement (can use statistics that quantify the issue), propose a possible solution to the problem, and describe the impact the proposed solution could have. Your platform needs to be easy to understand and does not need to be overly technical.

***Describe your platform:** This does not have to be the written speech, but should provide enough detail for the judges to have a basic understanding of your platform.

PERSONAL MOTTO: This will be included in the pageant program book.

Please do not confuse this with your platform. Your motto should be a strong, short, inspirational saying that you live your life by.

***What is your motto?**

BIOGRAPHY: This will be included in the pageant program book.

Please write a biography about yourself as you would like it to appear in the pageant program book. Please limit your biography to **100 words or less** and **write it in the third person (ex. Lauren is from... She enjoys...)**. Your biography can include your hometown, family description, age, occupation, education, hobbies/activities, reason for wheelchair use, etc.

***What do you feel you have accomplished since becoming a wheelchair user?**

Describe a humorous incident that has happened to you relating to or as a result of your disability. This will not be in the program book, but the judges may ask you about it.

ADDITIONAL INFORMATION: Provide any information that has not been previously mentioned that you would like the judges to know.

RELEASE OF INFORMATION

I understand that application submission does not guarantee participation in the Ms. Wheelchair MS 2016 Pageant. The application will be reviewed by Lauren Compere to ensure you meet the qualifications. You will be notified by Lauren Compere if you do not qualify or if there are any questions regarding your application. If crowned Ms. Wheelchair MS, I understand that I will be asked to sign a contract. By signing this document, I acknowledge that the contract has been sent to me and that I will have read the contract by March 12, 2016. I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I give permission to the Ms. Wheelchair MS Foundation to use the information provided in the application in pageant publications. I give permission for photo, video, television broadcast, and audio recording(s) of my participation in the Ms. Wheelchair MS Pageant. I grant permission to the Ms. Wheelchair MS Foundation to use photos, videos, television broadcast, and recordings for future promotions.

By signing this document I agree to its terms and conditions.

Contestant Name: _____

Date: _____

ATTIRE:

Arrive at the pageant dressed in professional business attire (job interview attire). Time will given prior to the crowning ceremony to change into pageant attire (pageant dress, shoes, jewelry). Bring pageant attire with you! You will be judged on your overall self-presentation.

SUPPLEMENTAL MATERIALS: Read the following carefully, as materials described must be included in your application.

1. **Entry Fee-** An entrance fee of **\$65** is required to participate. Checks can be made payable to **Ms. Wheelchair MS Foundation** and sent to **P.O. Box 2422 Madison, MS 39130**.
2. **Headshot Pictures: This will be included in the program book.-** Two (2) 5 X 7 portrait black and white or color pictures is required to participate. Label the back of the photo with your name. The portraits should be of your head and shoulders and must be of professional quality.