



2017-18 Ms. Wheelchair Virginia Contestant Application

Ms. Wheelchair Virginia Gala Event 2017 - 2018

Friday, March 24th – Sunday March 26th, 2017

Wilson Workforce and Rehabilitation Center

243 Woodrow Wilson Avenue

Fishersville, VA 22939

MWVA Program Contacts

Emily McGrail	MWVA State Coordinator	emily@mcgrail.com	(540) 838-5022
	MWVA Contestant Coach		
Faith Patterson	MWVA Hotel Facilitator	sdhsgrad99@yahoo.com	(540) 448-1386

DIRECTIONS FOR APPLICATION

- Please read and follow instructions carefully.
- Assistance in completing, saving, and submitting the application is available upon request. We are available throughout the entire process. No question is too silly!
- Please save application file as a **.pdf** with the following format:
Example: First name Last name MWVA 2017 contestant application
Jane Doe MWVA 2017 contestant application
- Attach to email and return to emily@mcgrail.com
- Each judge will receive a copy of this application.
- If you are a returning contestant, a new application must be completed each year.

We have a limited amount of space for contestants. Applying early is encouraged. Applying early also allows for contestants to have more time to prepare for the Gala weekend. Anyone who misses the deadline for a vacant space **may not** be able to participate this year.

To ensure potential contestants have correctly filled out their application; they are **required** to work with the Contestant Coach, Emily McGrail, by phone or e-mail before submitting the finished application.

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Two digital vertical black and white or color pictures to be used in our program book. The photos should be of your head and shoulders and must be of high quality but does not have to be professionally done. Attach the pictures to the same email that contains your application.
- Entry fee of \$250 (non-refundable) - This fee will cover meals for the contestant and one companion (group lunch and dinner) on Saturday and Breakfast Sunday along with administrative expenses to produce the Gala weekend. This fee will **NOT** cover your hotel expenses for the Gala weekend (Friday and Saturday Night).
- **ENTIRE APPLICATIONS ARE TO BE RECEIVED BY OUR OFFICE NO LATER THAN:**

Friday, January 13th 2017.

The deadline means **all application paperwork and photos** must be received on or before the due date. Exceptions may apply in certain situations with appropriate notification.

I would like to participate in the following program:

- Little Miss Wheelchair Virginia (ages 12 and under at the time of the Gala)
- Miss Teen Wheelchair Virginia (ages 13-20 at the time of the Gala)
- Ms. Wheelchair Virginia (ages 21-60 at the time of the Gala)
- Ms. Senior Wheelchair Virginia (ages 61-191 at the time of the Gala)

Personal Information

Contestant Name: [Click here to enter text.](#)
(Please type your name as you wish it to appear on your sash.)

Date of Birth: [Click here to enter a date.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Virginia

Zip Code: [Click here to enter text.](#)

County: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#)

Work Phone: [Click here to enter text.](#)

Cell Phone: [Click here to enter text.](#)

Do you text? Yes No

E-mail address: [Click here to enter text.](#)

Facebook Profile Name: [Click here to enter text.](#)

Are you an American citizen? Yes No

Have you been convicted of a felony? Yes No

If yes, please explain. [Click here to enter text.](#)

Have you ever participated in the Ms. Wheelchair **America** program as a contestant or as an independent delegate before representing Virginia, any other state, or D.C.?

Yes No

Have you ever participated in another Ms. Wheelchair State Program other than the state of Virginia?

Yes No

If yes, what state? [Click here to enter text.](#)

If yes, when? [Click here to enter a date.](#)

Have you previously participated in the Ms. Wheelchair **Virginia** program as a contestant?

Yes No

How long have you been a resident in Virginia?

[Click here to enter text.](#) Years [Click here to enter text.](#) Months

Marital Status

Single Married Divorced Widowed

Present living situation?

Alone With Spouse/significant other With Children With Parent(s) With Relative(s)
 With Roommate(s) Facility (Assisted-Living) Facility (Rehabilitation)

T-Shirt Size

Adult Small Adult Medium Adult Large Adult X-Large
 Adult 2X-Large Adult 3X-Large Other: [Click here to enter text.](#)

Health Specific Information

We want to make your Gala experience as enjoyable and comfortable as possible. In order to accommodate your needs to the best of our abilities, we have the following questions. Medical conditions or needs will **not** disqualify you from participating-our contestants come from all "Rolls of Life". 😊

What type of wheelchair(s) do you use?

Manual Power Scooter

Give measurement of your chair width at its widest point? [Click here to enter text.](#) Inches

What is the manufacturer and model of your wheelchair? [Click here to enter text.](#)

Do you use your wheelchair for 100% mobility in public?

Yes No

If no, please explain. [Click here to enter text.](#)

Do you drive?

Yes No

What transportation do you have for making public appearances?

Please describe: [Click here to enter text.](#)

If you are chosen Ms. Wheelchair Virginia, can you get time off from your job or school to travel?

Yes No Not Sure

We need a commitment from Ms. Wheelchair Virginia to do a minimum of two activities/events a month.

Can you do this?

Yes No Not Sure

If you are chosen Ms. Wheelchair Virginia, do you have reliable transportation to events?

Yes No

As Ms. Wheelchair Virginia, will you be able to: **(only mark one)**

Do local engagements near where I live.

Do engagements throughout the state of Virginia including local engagements.

As Ms. Wheelchair Virginia, you will represent the state of Virginia by spending one full week during the summer of 2017 competing at Ms. Wheelchair America. (State location will be determined at a later date)

Will you be able to do this?

Yes No Not Sure

Age at onset of disability: [Click here to enter text.](#)

Primary Disability: [Click here to enter text.](#)

Describe effects disability causes: [Click here to enter text.](#)

Describe current medical condition(s), diagnosis and/or any secondary diagnosis that we should be aware of for the Gala weekend: [Click here to enter text.](#)

Do you require the services of a personal attendant or companion to assist you throughout the day?

Yes No

If yes, will your attendant or companion be accompanying you during the Gala weekend?

Yes No

EMERGENCY CONTACT INFORMATION

In case of an emergency, your companion will be contacted first.

Please list anyone else that should be contacted and the best number to reach them.

Notify: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Notify: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

CONTESTANT'S PRIMARY CARE PHYSICIAN'S NAME:

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

CONTESTANT’S MEDICAL SPECIALIST’S NAME:

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

For the following sections; not all will apply to each contestant. Our applicants come from “All Rolls of Life”. Not being able to provide information for each category will not count against you. The MWVA program strongly encourages, showcases, and supports women from all backgrounds and abilities.

Accomplishments

A. Academic: (complete the parts that apply to you)

High School or equivalent: *(name of school & graduation date):*

[Click here to enter text.](#)

[Click here to enter a date.](#)

Business, trade, or technical college: (school name, date(s), and name of degree)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

College and/or University: *(school name, date(s), and name of degree)*

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Other Education/Certificate(s)/Licensure:

[Click here to enter text.](#)

B. Vocational: (present occupation—please give job title and brief job description)

[Click here to enter text.](#) [Click here to enter text.](#)

[Click here to enter text.](#)

Past or Other work experience that you want the judges to be aware of:

[Click here to enter text.](#)

C. Volunteer and Community Activities: *(please limit to five activities)*

Click here to enter text.

D. Ambition/Goals:

Click here to enter text.

Communication Skills

A. Public speaking experience: *(please list up to five examples)*

Click here to enter text.

B. List 5 of your proudest advocacy efforts:

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

C. Self-Perception: What “Five” words best describe you?

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

Achievements

Achievements: (*awards, special recognition, leadership, and honors earned/received after the onset of disability*). This page is important. Be sure that you list information that you would like the judges to know about you. **You will not be allowed to carry additional information into the judging interviews for the judges to see or review. Limit one typed page.**

Click here to enter text.

Additional Information

Information that has not already been requested, but you want the judges to know?
(i.e. *Family information, early life/history, hobbies, travel, humorous incident relating to your wheelchair, special philosophies, describe your life outlook, or other information*) **Limit one typed page.**

Click here to enter text.

Dietary and Allergy Information

Every effort will be made to comply with reasonable dietary requests received in advance of the Gala Weekend. In order to prepare for the best possible experience, please complete the following:

Describe any special dietary needs you, the **contestant**, will have during the Gala weekend event. (ex. Vegetarian, food allergies, diabetic)

[Click here to enter text.](#)

Any allergies or medications we should be aware of for the weekend? (Include allergies to service animals or anything else you feel we need to be aware of.)

[Click here to enter text.](#)

If you have a food or other allergy, please describe the severity of your allergic reaction? (Ex. only allergic if I touch the item)

[Click here to enter text.](#)

Hotel Information

Several hotels are hosting contestants and companions. Why is everyone not staying at the same hotel? One hotel does not have enough wheelchair accessible rooms. To make sure everyone has a "room" that will work, it is necessary to use multiple hotels.

Room reservations for you and your companion will be made by you, the contestant, with the assistance of the MWVA Hotel Facilitator, Faith Patterson. You will be contacted by Faith once your application has been received. The hotel expense is **NOT** covered by your application fee. You will be contacted by Faith in regards to assisting you with locating a hotel and making your reservations according to your specific needs and which hotel provides a room that meets your needs.

Contestants are required to report any changes to their hotel and/or room for the Gala event weekend.

CONTESTANTS ARE RESPONSIBLE FOR :

- 1) If you decide to come in a day early or leave a day later you are responsible for making the additional room arrangements and payment, this will not guarantee that you keep the same hotel, room, or rate. If you decide to do this, please contact Faith by phone or e-mail before setting up your additional night stay at a hotel.
- 2) You will also be responsible for your transportation and meals if you come in early or stay later.
- 3) ALL CONTESTANTS will need to provide a credit card at the time of check-in to cover any additional charges (i.e. telephone calls, movies, room service, etc.) that you would be responsible for.
- 4) Contestants are responsible for obtaining their own attendant(s)/companion(s) for entire weekend and ALL transportation between WWRC and their hotel.
- 6) If circumstances arise after submitting your application, contestants are responsible for letting MWVA know as soon as possible if you cannot attend the Gala event.

We strongly encourage contestants to bring their own adaptive/assistive equipment with them. This includes but is not limited to: patient lifts, rolling shower chairs, transfer boards, shower benches, etc. Not all hotels have shower benches with backs available.

Do you use a patient (Hoyer or stand-assist) lift for transferring in and out of your chair?

- Yes No

Are you flexible with room needs?

- Yes No

Do you need a room that is wheelchair accessible? **THIS MEANS YOU ABSOLUTELY CANNOT FUNCTION UNLESS GIVEN A WHEELCHAIR ACCESSIBLE ROOM.** We still make every effort to find everyone a wheelchair accessible room, if at all possible, even if you can manage without one.

- Yes No

If no, do you prefer a non-accessible room with two beds, if there are no accessible ones with two beds available?

- Yes No

There is a limited availability of roll-in-showers in hotels. We may not be able to find everyone a roll-in-shower who request one. This is determined by a needs basis.

Do you **PREFER** a roll-in-shower?

Yes No

Do you **HAVE TO HAVE** a roll-in-shower?

Yes No

If you cannot use the benches in roll-in showers that fold down from the wall, you are expected to bring your own shower chair.

Do you **PREFER** a bath tub?

Yes No

Do you **HAVE TO HAVE** a bath tub?

Yes No

Can we find you a room with a bath tub if we need to?

Yes No

Can we find you a room with a roll-in shower if we need to?

Yes No

If given a room with a roll-in shower, **without a fold down wall bench**, do you **NEED** a shower chair?

Yes No

If you answered yes, does the chair need to have a back on it?

Yes No

If you are given a room with a bath tub would you **NEED** a tub transfer bench?

Yes No

If you answered yes, does the chair need to have a back on it?

Yes No

Do you **NEED** a raised toilet seat?

Yes No

Many hotel rooms that are wheelchair accessible do not have two beds, but rather one queen or one king bed. We may not be able to find you a room with two beds if you request one.

Do you **PREFER** a room with 2 beds?

Yes No

Do you **HAVE TO HAVE** a room with 2 beds?

Yes No

Can you **SHARE** a queen or king bed with your companion?

Yes No

Is your **companion** willing to sleep on a pull-out sofa bed if necessary?

Yes No

Is your **companion** willing to sleep on a cot if necessary?

Yes No

Due to limited amount of wheelchair accessible rooms, contestants may be asked to make an either/or choice. **Mark only one option** that you would choose if needed to make a choice:

- I will accept a room with one king or queen bed if I can have a roll-in shower.
- I will accept a room with a bath tub if I can have a room with two beds.
- I will accept a room with one bed and a tub if I need to.
- None of the above.

Explain: [Click here to enter text.](#)

Do you **NEED** a non-smoking room?

- Yes
- No

Do you **PREFER** a smoking room?

- Yes
- No

Do you **NEED** a hospital bed?

- Yes
- No

Please provide any specific additional information that will help us to best accommodate you. If you are going to bring your own special adaptive equipment or what you need us to provide (lift, transfer board, required bed height, require more than one companion, etc.), please describe below.

[Click here to enter text.](#)

Contestant Companion Information

Each contestant can bring **ONE** companion. If your companion changes, please let us know as soon as possible. Also, let us know of change of needs, dietary needs, and contact information.

If you leave the companion section blank, we will put you down as not having a companion. If you require more than one companion, please contact Emily McGrail at the contact information on the first page.

Name of your companion(s): [Click here to enter text.](#) [Click here to enter text.](#)

Gender: Male Female

Relationship to contestant: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

E-mail address: [Click here to enter text.](#)

Phone Numbers:

Cell [Click here to enter text.](#) Is texting an option? Yes No

Home [Click here to enter text.](#)

Work [Click here to enter text.](#)

What is the best time to reach your companion? [Click here to enter text.](#)

Describe special needs your companion may have that will help us make their arrangements for the weekend- i.e. special dietary needs, mobility, etc.

[Click here to enter text.](#)

I, [Click here to enter text.](#) , hereby agree to abide by the rules and regulations concerning companions for the Ms. Wheelchair Virginia Program. As the contestant's companion, I will be available at all times and will assist her in any way that is deemed necessary.

By checking this box you are agreeing to sign this agreement at Check-in.

Signature of companion: _____ *Date:* _____

Signature of contestant: _____ *Date:* _____

Fundraising

As Ms. Wheelchair Virginia, you will need to consistently fundraise throughout your reign. This includes but is not limited to: fundraising for monies needed to cover travel expenses, hotel rooms, meals, fuel, and fees to attend Ms. Wheelchair America (which is required for Ms. Wheelchair Virginia only) and may be asked to raise money and obtain additional sponsors during your reign. Will you be able to do this?

Yes No

Please list up to five examples of your fundraising efforts:

[Click here to enter text.](#)

BIOGRAPHY

This section will be used as your biography in the program book. If selected to be Ms. Wheelchair Virginia, your biography will be used in press releases throughout your reign. **Here is an example:**

Example

Anna Baker lives in Salem, and is employed at the Veterans Hospital as a transition coordinator. She received her Bachelor of Arts degree from James Madison University and Masters in Social Work degree from Radford University. Anna enjoys singing, acting, and serving as an advocate for others with disabilities. She has used a wheelchair since age 5 due to a car accident. Anna is married with a son and describes herself as reliable, efficient, compassionate, charismatic, and loyal.

Contestant's Name (Please type your name as you wish it to appear in the Gala event program book.)

[Click here to enter text.](#)

lives in (city/county): [Click here to enter text.](#)

and (current daily activity; where you work, attend school, or volunteer):

[Click here to enter text.](#)

She (pick one) **studied** **received** **obtained**

a degree in [Click here to enter text.](#)

a certificate in [Click here to enter text.](#)

a licensure in [Click here to enter text.](#)

from (name of Institution, College, or University):

[Click here to enter text.](#)

(Contestant First name): [Click here to enter text.](#)

enjoys (list up to four hobbies or activities that you are active in):

1. [Click here to enter text.](#)

2. [Click here to enter text.](#)

3. [Click here to enter text.](#)

4. [Click here to enter text.](#)

She uses a wheelchair due to: (list disability and/or cause of disability along with length of disability):

Click here to enter text.

Click here to enter text. **describes herself as** (list five adjectives that describes you):

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.

PLATFORM

All contestants are required to prepare and give a platform speech that is no longer than 2 minutes. This speech will be presented live and on stage in front of all judges and audience on Saturday evening. This is your opportunity to share your platform, why it is important to you, and how you will address your platform if you are awarded the title of Ms. Wheelchair Virginia 2017-2018.

Your platform is an issue that affects the disability community; this is what MWVA speaks about at every engagement. This is your tool to educate people with and without disabilities. Your platform should be a disability issue that you feel passionate about and you should feel comfortable talking about it.

It is important that your platform is strong, flexible, and not overly technical. Your platform speech is **extremely important and will be judged. *Please do not confuse your platform with your motto.***

What is the topic of your educational platform? (Summarize in a few words like a title. Please do not write your speech below.)

Click here to enter text.

PERSONAL MOTTO

This is your opportunity to inspire. A motto should be strong, short, and catchy. It can be wisdom, a quote, sage advice, or philosophy with personal significance. This will be included in the program book. Please do not confuse this with your platform. Your motto is not judged. Mottos are inspirational words.

What is your inspirational motto (a few words or a short sentence)?

[Click here to enter text.](#)

RELEASE OF INFORMATION FORM **MS. WHEELCHAIR VIRGINIA 2017 GALA EVENT**

I understand that the submission of this application does not entitle me to participate in the Ms. Wheelchair Virginia Gala Event. I understand that being a previous contestant does not automatically make me a contestant this year. I further understand that participation as a contestant is subject to action by the Ms. Wheelchair Virginia Board of Directors and that this application may be rejected for reasons satisfactory to the Board. I understand that I will be notified of my participation by the State Coordinator, Emily McGrail. Once accepted to the program, I understand that the entry fee is non-refundable and must be paid in full before the gala weekend. I understand that I will be asked to sign additional contestant and liability contracts, sent to me at a later date, before I am considered an official contestant.

I understand if unforeseen circumstances occur that prevent me from attending the Gala event, MWVA will be contacted by me or someone on my behalf as soon as possible. I understand that my hotel arrangements will be made with the assistance of the Hotel Facilitator, Faith Patterson and that I must contact her if I have hotel issues or need changes.

I understand that I am responsible for arrangements if I arrive early or stay later. I understand that I am responsible for arrangements for any additional guests other than my companion. 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 the Ms. Wheelchair Virginia Program to use the information provided in this application in the publications of the program book and in any other publications regarding the Program. I give permission for photo, video,

television/Internet broadcast, and audio recording(s) of my participation in the Ms. Wheelchair Virginia Gala Event. I give permission to the Ms. Wheelchair Virginia Program to use these photos and recordings in future promotions of the Gala event.

Contestant Name Printed

[Click here to enter text.](#)

Signature of Contestant Applicant

Date: [Click here to enter a date.](#)

ADDITIONAL INFORMATION
(Please keep this sheet for your records.)

MWVA Program Contacts

Emily McGrail	<i>MWVA State Coordinator</i>	emily@mcgrail.com	(540) 838-5022
	<i>MWVA Contestant Coach</i>		
Faith Patterson	<i>MWVA Hotel Facilitator</i>	sdhsgrad99@yahoo.com	(540) 448-1386

- (1) If selected as a contestant, you will receive an acceptance letter, additional contracts, and an extensive contestant handout with all information needed for preparation. This will answer many of your questions and address any concerns you may have.
- (2) Contestants will be judged on a "Table of Life" display, platform speech, appropriate attire and effort, private interview with the judges, and on stage interview. Contestants will get full information and guides on events in contestant handouts that will be sent with acceptance letter and contract.
- (3) Judges will have a copy of your completed application to view.
- (4) Contestants are required to attend the entire Gala event from Friday to Sunday.
- (5) The crowning Gala will be on the evening of Saturday, March 25, 2017. We want you to invite family, friends, and sponsors to come to the gala & cheer you on.
- (6) To ensure contestants are correctly prepared for the weekend, all contestants are required to work with the Contestant Coach for at least a total of 4 hours from the time they have been accepted as a contestant to the date of the weekend. This is a **MANDATORY** requirement!
- (7) ALL titleholders crowned will stay approximately an hour later on Sunday to sign contracts and review appearance guidelines.

Note: Our Contestant Coach, Emily McGrail, will work to assist you with your application and in preparing for the Gala event. This is a **free and required** service to contestants which ensures that contestants understand what is expected and are properly prepared. The Contestant Coach is also here to address any concerns or questions pertaining to being a contestant. Please start working with the Contestant Coach before you finish your application.

Emily McGrail, State Coordinator & Contestant Coach, Ms. Wheelchair Virginia
Board Member, Ms. Wheelchair Virginia Board of Directors
Ms. Wheelchair Virginia 2011-2012
Email address: emily@mcgrail.com
Cell phone: 540-838-5022