



## **MS. WHEELCHAIR UTAH APPLICATION**

This application is for Ms. Wheelchair Utah contestants 21 years-old and older.  
Please type or print clearly using ink.

### **PART I: CONTESTANT INFORMATION**

Contestant Name:

Date of birth:

Contestant Disability:

Cause and Date of Onset:

Type of Wheelchair (power, manual, scooter, etc.)

To what extent can Contestant walk or stand?

Food Allergies:

Special information that pageant volunteers should be aware of:

Present living situation (with parents, alone, roommates, etc):

Street Address:

City:

Zip:

Home Phone Number: (     )

Cell Phone: (     )

Email:

Website:

Emergency Contact:

Relationship:

Phone: (     )

Name of Companion during Pageant:

Relationship to Contestant:

Companion Phone Number: (     )

What transportation do you utilize?

How do you intend to make public appearances?

## **PART II: CONTESTANT RESPONSES**

Describe the education you have completed.

Describe your academic goals.

What is your present occupation?

What other work experiences have you had?

Describe how you feel about community service and volunteering.

Describe your current volunteering activities and community involvement.

Describe your future goals for your life.

Who is someone you admire and why?

List three things you are good at doing:

- 1.
- 2.
- 3.

Name three good things about being in a wheelchair:

- 1.
- 2.
- 3.

Tell how being in a wheelchair has helped you be a good example to others.

What is your Platform? (a “Platform” is your personal message of inspiration or life motto. Some examples are: *Beauty is all in the Attitude* and *Break down the Barriers!*)

What five (5) words best describe you?

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

List some of your achievements since you have been in a wheelchair.

Tell a little bit about yourself (family, early life history, hobbies, etc.) that you want the judges to know about you.

Tell a little bit about yourself in one short paragraph. Tell about your hobbies, school, goals, pets, friends and family! This will be used next to your picture in the pageant program. (**Min. 150 words, Max. 200 words**)

### **PART III: DESCRIBE YOUR IDEA FOR YOUR TWO-MINUTE PRESENTATION**

The theme for the pageant this year is “*Wheel Beauty.*”

Write what you will do for your two-minute presentation during the pageant. This presentation can be a speech, sharing a personal experience, a poem, story, singing a song, interpretive dance, or ANYTHING that will help others understand what “Wheel Beauty” means to you. The sky is the limit! Thoroughly describe what you intend to do for your 2-minute presentation.

**PART IV: PHOTOS AND FEE**

**Application Fee - \$200**

No one in MWU is paid – no one! This money is used for pageant costs only. Please do not become discouraged if you have trouble raising this fee, call us and we will gladly help you! Please DO NOT pay this fee yourself; get sponsored from friends and family and local businesses! Have everyone who donates write their check contribution to the “Hull Foundation” to make their donation tax-deductible.

**Photos**

- Two (2) headshots for use in the pageant program. These do not have to be professional!
- Up to five (5) photographs of yourself.
  - The pictures must include you, are modest, and post injury. They can include family and friends. They will be used in the Pageant Slideshow.

**Now sign it below and send it in!**

I promise that this information is true and correct to the best of my knowledge, information, and belief. I understand that submission of this application does entitle me to become a participant in the Ms. Wheelchair Utah Pageant. I further understand that participation as a contestant is subject to action by the Board of Directors of The Ms. Wheelchair Utah Inc. and that this application may be rejected for reasons satisfactory to the Board.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

If you are completing this application on the computer, simply type your name on the above lines.

+++++  
The Ms. Wheelchair Utah Inc. Board use only

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date accepted: \_\_\_\_\_ Signature Board Member: \_\_\_\_\_

## **PART V: SUBMIT**

All parts to this application must be received by **July 15, 2012**. Pictures and Application may be emailed, but fee must be mailed or hand-delivered. Please contact Meg Johnson (801) 317-4556 if you have any questions.

### **Ms. Wheelchair Utah Application Checklist**

- This Application
- Pictures (2 headshots and up to 5 candid pictures)
- \$200 Application Fee

You are encouraged to email this application and the pictures to [Meg@MsWheelchairUtah.org](mailto:Meg@MsWheelchairUtah.org) (please mail the fee separately).

Or, you can compile everything into one manila envelope and mail it to:

Ms. Wheelchair Utah  
C/O Meg Johnson  
3375 Gramercy Avenue  
Ogden, Utah 84403

If you have any questions, please call or email Meg Johnson at 801.317.4556 or [Meg@MsWheelchairUtah.org](mailto:Meg@MsWheelchairUtah.org)

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*Thank you for your application! We are looking forward to a FANTASTIC pageant and are so glad you will be a part of it!*

*Love,  
Meg Johnson  
Executive Director  
801.317.4556*