



Ms. Wheelchair Utah Application

(Please type or print clearly using ink. Do not attach any other paperwork to this application.)

Application, must be received by September 30, 2008

I will compete for: Ms. Wheelchair Utah (21-65 yrs)___ or Ms. Hotwheels (under 21) ___

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email and/or website: _____

Date of birth: _____

Present Living Situation (i.e. living alone, with parents, spouse, children, roommate):

In case of emergency please contact: _____

Relationship: _____ Phone: (____) _____

Name of Companion during Pageant: _____

Phone: (____) _____

Will you have your own transportation during the pageant? _____

What specific hotel accommodations do you require to meet your needs (i.e. roll-in shower, etc)

Disability:

Type of Disability: _____

Cause and Date of Onset: _____

Do you use a wheelchair for daily mobility? _____

Type of Wheelchair: Manual Wheelchair _____ Power Wheelchair _____

Can you transfer independently to a car or van? _____ Do you drive? _____

What transportation do you have for making public appearances? (please explain)

Ms . Wheelchair Utah

Application (page 2)

Academic:

High School: (name and date of graduation)

Business, trade, or technical college: (school, dates, and degrees)

College and/or University: (school, dates, and degrees)

Other Education:

Vocational:

Present Occupation: (title and brief description)

Other Work Experience: _____

Personal:

Volunteer or Community Activities: _____

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Application (page 3)

Future Goals and Ambitions: _____

Communication Skills:

Public Speaking Experience: (specify examples)

List Examples of your Advocacy:

What five words best describe you?

1) _____
2) _____ 3) _____
4) _____ 5) _____

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Application (page 5)

I hereby certify that the foregoing 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 applicant: _____ Date: _____

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This application must be returned no later than **September 30, 2008.**

Mail to:

Ms. Wheelchair Utah Inc.
3375 Gramercy Avenue
Ogden, Utah 84403

Or email to: Meg@MsWheelchairUtah.org
Or Connie@MsWheelchairUtah.org

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The Ms. Wheelchair Utah Inc. Board use only

Date application received: _____ Received by: _____

Date application accepted: _____ Signature Board Member: _____