**2020-2021 Ms. Wheelchair Virginia Contestant Application**

 **Ms. Wheelchair Virginia Gala Event 2020 - 2021**

**Friday, November 8th – Sunday November 10th, 2020**

**Roanoke Area**

**Venue to be determined**

**MWVA Program Contacts**

Emily McGrail MWVA State Coordinator [emily@mcgrail.com](mailto:emily@mcgrail.com) (540) 838-5022

MWVA Contestant Coach

**DIRECTIONS FOR APPLICATION**

* Please read and follow instructions carefully.
* This application is not only informative, it is how we learn how to make the gala weekend the best for you!
* This application covers ALL categories in the Ms. Wheelchair Virginia program. Not all questions will apply to every contestant. (Little Miss, and Miss Teen) Please complete all that is applicable.
* 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 with the following name:

Example: First name Last name MWVA 2020 contestant application

**Jane Doe MWVA 2020 contestant application**

* Attach to email and return to [emily@mcgrail.com](mailto: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 ***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 Brunch 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).
* Assistance with sponsorship for application fee and/or hotel accommodations is available if requested.
* **ENTIRE APPLICATIONS ARE TO BE RECEIVED BY OUR OFFICE NO LATER THAN**:

**Friday, October 18, 2019.**

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 21-191 at the time of the Gala) |

**Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contestant Name: | Click here to enter text. | | | | Date of Birth: Click here to enter a date. | | |
| (Please type your name as you wish it to appear on your sash.) | | | | |  | |  |
|  |  | |  | |  | |  |
| 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 2021 competing at Ms. Wheelchair America in Little Rock, Arkansas.** | | | |
| 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 are essentially applying to be the next Ms. Wheelchair Virginia. Treat this application just as you would a job application. Do not be shy! This is your chance to shine! **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? Help us to be able to catch the essence of who you are as a person, a person with a disability, etc.  (*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, ambassadors, judges, previous titleholders, guests and their 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 or ambassador, with the assistance of the MWVA Hotel Facilitator. You will be contacted by MWVA once your application has been received. The hotel expense is ***NOT*** covered by your application fee. You will be contacted by MWVA 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. We have been successful in obtaining donated hotel rooms for contestants and ambassadors who submit their applications **early**.

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

**CONTESTANTS/AMBASSADORS 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 MWVA 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/AMBASSADORS 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/ambassadors are responsible for obtaining their own attendant(s)/companion(s) for entire weekend and ALL transportation between venue 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 and ambassadors 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/ambassadors 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/Ambassador Companion Information**

Each contestant/ambassador can bring ***ONE*** companion. If your companion changes, please let us know as soon as possible. This does not mean that you are limited to one guest or family member to be with you throughout the Gala weekend. Your application fee covers meals for you and your companion. You may have additional guests attend throughout the weekend, but will need to pay additional for their meals. 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/ambassador: 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.** 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/Ambassador’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/Ambassador 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 is not required of ambassadors, but is encouraged. 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 2020-2021.

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 2020 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 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/Ambassador Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

**ADDITIONAL INFORMATION**

**(Please keep information on this sheet for your records.)**

**MWVA Program Contacts**

Emily McGrail ***MWVA State Coordinator*** [emily@mcgrail.com](mailto:emily@mcgrail.com) (540) 838-5022

***MWVA Contestant Coach***

(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, November 9, 2019. 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 named 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](mailto:emily@mcgrail.com)

**Cell phone: 540-838-5022**