

Ms. Wheelchair America 2027

Independent Delegate Application

Thank you for your interest in becoming an Independent Delegate in the Ms. Wheelchair America organization. We are excited that you have made the decision to proceed with the application process.

Independent Delegate Applications are accepted from September 15, 2026 - November 15, 2026. All Independent Delegates will be interviewed by January 1 and notified shortly after with the decision of the Ms. Wheelchair America Executive Team. If approved, you will be required to have a crowning celebration that will be held in your state by February 15, 2027.

This application is for: Alabama, Alaska, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Indiana, Iowa, Maine, Massachusetts, Minnesota, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, Puerto Rico, Rhode Island, South Dakota, Utah, Vermont and Wyoming.

Applicants must meet the following criteria:

- Applicants must be a female
- Applicants must be a U.S. citizen
- Applicants must be at least 21 years of age or older
- Applicants must be a resident of their state for six months before applying to represent their state
- Applicants must use a wheelchair or scooter for community mobility
- Applicants must never have held a state title of Ms. Wheelchair from any state within the Ms. Wheelchair America organization
- Applicants must be available to fulfill the requirements of a state titleholder. These include travel within your state, travel to the National Competition, and numerous public appearances
- Applicants cannot have competed at a Ms. Wheelchair America National Competition previously
- Applicants must have good communication skills

*If you meet the above criteria, please continue with the application. If you have questions or need further explanation about the criteria listed above, please email Ms. Wheelchair America at recruitment@mswheelchairamerica.org

* Indicates required question

1. Email *



Applicant Information

2. First Name:*

3. Middle Initial:

4. Last Name:*

5. Mailing Address:*

6. City: *

7. State: *

8. Zip Code:*

9. Home Phone:

10. Cell Phone:*

11. Work Phone:

12. Email Address:*

13. Will you be 21 years of age prior to January 1, 2027?*

Mark only one oval.

Yes

No

Disability Information

14. Type of Disability:*

15. Date of Onset:*

16. Do you use a wheelchair or scooter for community mobility?*

Mark only one oval.

Yes

No

Academic and Educational Background

Please complete the parts that apply to you.

17. Please list the high school you attended and the dates you attended. Example:
Grant High School, (MI) - Years attended 2004-2008 - Graduated in 2008.

18. Please list any business, trade or technical college that you attended. Provide the name of the school, dates you attended, and name of degree(s). Example: Newaygo County Career Tech Center - 2006 to 2008 - Early Childhood Education.

19. Please list any college and/or university that you attended. Provide the name of the school, dates you attended, and name of degree(s). Example: University of Missouri- 2006 to 2008 - Bachelor of Science in Communication.

20. Please list any other education that you have received.

Employment and/or Volunteer Experience

21. Please tell us about your present employment and/or volunteer experience:
(Provide a title and brief job description).

500 Character Limit

22. Please list any previous or other work experiences that you want us to be aware of:
500 Character Limit

23. Please tell us about any other community activities that you are involved in: (You may provide present or previous community activities - the name of organizations - and type of service you were involved in).

500 Character Limit

Questions for the Applicant

Please Note: All the questions in this section have a 500 character limit. If you reach the 500 character limit, Google Forms will notify you.

24. You will be advocating on a topic that is important to you during your reign. What is your topic? And explain why it's important to you.

25. What do you know about the Ms. Wheelchair America organization?*

500 Character Limit

26. Please state your specific reason(s) for wanting to be an Independent Delegate:*

500 Character Limit

27. Ms. Wheelchair America is an organization that focuses on advocacy, education, empowerment, and leadership. What does advocacy mean to you? *

500 Character Limit

28. Diversity and inclusion are vital components to the Ms. Wheelchair America organization. What does diversity mean to you? If chosen as an Independent Delegate, how will you promote diverse and inclusive environments? *

500 Character Limit

29. Fundraising is an essential part of being a state titleholder. Please provide us with three different ways that you plan to fundraise and three potential sponsors that you plan to reach out to. *

500 Character Limit

30. As a state titleholder, you will be required to make appearances throughout your reign. Can you give us five examples of places that you might possibly make appearances? *

500 Character Limit

Building State Program

As an Independent Delegate, after your reign as a state titleholder concludes, you will transition into a state coordinator and be tasked with building a Ms. Wheelchair Program in your state. Building a state program is a very rewarding process, and will allow your state to be represented year after year in the Ms. Wheelchair America organization. It will also require passion, thought, and commitment. Each question in this section has a 500-character limit.

31. Often times you need a team of people to help you build a state program. Can you describe what your support system is like and who you might ask to volunteer alongside of you as you build a state program? *

500 character limit.

32. As you transition into a state coordinator, you will need to recruit future contestants. Please provide us with at least three different examples of how you will recruit future contestants. *
500 character limit.

33. As you transition into a state coordinator, you will need to fundraise to help sustain a state program. What fundraising strategies would you use as a state coordinator? *
500 character limit.

34. Is there anything else you would like to share with us in terms of your plans for building a state program? *
500 character limit.

References

35. Please provide three references. Below simply list their first and last names, your relationship to them, their phone number, and their email address. Example: John Smith - Supervisor at Target - 555.555.5555 - jsmith@gmail.com *

Letters of Recommendation

Please email two letters of recommendation to recruitment@mswheelchairamerica.org

- These two letters can be from a local/state/federal government representative, employer, teacher, professor, doctor, therapist, medical provider, etc. (No letters from family members will be accepted.)

- The letters of recommendation must be received before your application can officially be reviewed.

Disclaimer and Signature

By signing this application, you signify that you understand that in becoming the Independent Delegate representing your state of current residence, you are making a promise to undertake the following commitments:

I understand that an application fee of \$300 must accompany this application. If the application is approved and I am selected as the Independent Delegate Titleholder, \$150.00 will be set aside to offset the entry fee to Ms. Wheelchair America 2028 competition.

This application should be completed by November 5, 2027.

I understand that there is a \$2,700.00 entrance fee to be collected by me from my sponsors. This entrance fee will cover one hotel room, all activities and most travel expenses during the Ms. Wheelchair America 2028 National Competition to be held in Grand Rapids, MI, tentatively.

The \$2,700 can be paid to Ms. Wheelchair America in two separate installments of \$1,275 each. The first installment of \$1,275 is due no later than May 15, 2027, with the remaining \$1,275 to be paid by June 15, 2027. *Subject to be adjusted* All checks must be made out to Ms. Wheelchair America.

I understand that the decision to accept or reject this application rests solely with the Ms. Wheelchair America Executive Team and all decisions will be final.

I understand I will be responsible for coordinating a Ms. Wheelchair State Competition within my first two years, my current state of residence on an ongoing annual basis until a successor is identified. I will identify community members to serve on a state competition committee to assist with this task.

I understand that I am expected to respond to any communications from the Ms. Wheelchair America Executive Team by phone, letter or email in a timely manner.

36. I have read and agree to the above statement*

Check all that apply.

Yes

No

37. I hereby certify that the foregoing information that I have provided on this application is true and correct to the best of my knowledge, understanding, and belief. I understand that if requested, I may need to verify the information that I provided on this application.

*

Check all that apply.

Yes

No

38. By checking the box below you are agreeing to electronically sign your Independent Delegate Application.

*

Check all that apply.

Yes

No

39. To verify your electronic signature, please provide your first and last name, your state, and today's date below.

*

Final Steps

Your almost done with the application! Before you click the submit button on this page, we wanted to provide you with a few reminders.

In order for your application to be reviewed, please complete the following:

- Aside from electronic payment options (Maille, Venmo and PayPal) or a Zelle fundraiser, if you choose to pay by check, please send your \$300 Application Fee to:

Ms. Wheelchair America
C/O Kathleen Barajas - Treasurer
1410 Simmons Ave.
Los Angeles, CA 90022

- Send your two letters of recommendation to recruitment@mswheelchairamerica.org

- Email recruitment@mswheelchairamerica.org to let the Director of Recruitment know that you have submitted your application and your application fee.

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