MS. WHEELCHAIR NEW YORK 2027
CONTESTANT APPLICATION

Please type or print clearly.
Please do not attach any paper to this application.
Please return application with $100 application fee before July 10, 2027

Personal Information:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone:
Home: (_____)_____ work: (_____)_____ Cell: (_____)_____

Email: _____ Date of Birth: _____

Present age: _____

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

In case of emergency please contact: _____

Relationship: _____ Phone: (_____)_____

_____

Competition Companion: _____ Phone: (____)_____

Type of Disability: _____

_____

Do you use a wheelchair for community mobility?_____

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

_____

_____

Accomplishments

A. Academic: *(complete the parts that apply to you)*
High School Graduation: *(name & date)*

_____

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

_____

_____

College and/or University: *(name of degree and dates)*

_____

_____

Other Education:

_____

_____

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

_____

_____

Other work experience: _____

_____

_____

C. Personal: *(volunteer or community activities)*

_____

_____

_____

_____

_____

_____

D. Ambition/ Goals:

_____

_____

_____

_____

_____

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_____

Communication skills:

A. Public speaking experience: *(specify examples)*

_____

_____

_____

_____

_____

_____

_____

B. List examples of your advocacy:

_____

_____

_____

_____

_____

_____

C. Self Perception: What "five" words best describe you? 1) _____

2) _____ 3) _____

4) _____ 5) _____

Achievements

This page is important. Be sure that you list all the information that you would like the judges to know about you. **This is the only page that you will be allowed to write on the back if needed**. <u>You will not be allowed to carry additional information into the judging interviews for the judges to see or review.</u>

(awards, special recognition, leadership, honors earned/received after the onset of disability)

_____

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_____

What information (not already requested) do you want the judges to know? *(family information, early life/history, hobbies, travel, etc.)*

_____

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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 not entitle me to become a participant in the Ms. Wheelchair New York. I further understand that participation as a contestant is subject to action by the Board of Directors of Ms. Wheelchair New York and that this application may be rejected for reasons satisfactory to the Board.

Signature of applicant: _____ Date: _____

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MWNY Board of Directors use only

Date application Received: _____ Received by: _____

Date application accepted: _____ Signature State Coordinator:

_____

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This application must be returned <u>with $100 application fee</u>
<u>no later than *July 10, 2027*</u>

Please mail this application to:
Shameka Andrews, MWNY Coordinator
646 South Pearl St Apt 107
Albany NY 12202
Or Email to shameka@mswheelchairamerica.org

Please make checks payable to Ms. Wheelchair New York. Fee may also be paid online at paypal.me/disabilityempowered

Questions about this application? Call Shameka Andrews at (518) 603-7941