



Advocacy | Education | Empowerment



2022 OFFICIAL APPLICATION
Please submit by August 12th, 2021

Contestant Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Email Address: _____

Home/Cell Phone: _____ Are you an American citizen? Yes No

Marital Status: Single Married Divorced Widowed Other _____

Date of Birth: _____ Primary Disability: _____

Date of Onset: _____ Age of onset: _____

Have you been a resident of Louisiana for at least six months? Yes No

Have you been convicted of a felony? Yes No If yes, please explain: _____

Are you registered to vote? Yes No

Do you use a wheelchair for 100% mobility in the public? Yes No

If no, please explain: _____

Have you ever participated in Ms. Wheelchair Louisiana? Yes No

Have you ever participated in Ms. Wheelchair America as a contestant? Yes No

Describe limitations caused by disability: _____

Describe current medical conditions, diagnosis and any secondary diagnosis: _____

Do you require personal assistance daily? Yes No
Any special dietary needs (vegetarian, food allergies, diabetic, etc.): _____

Please note that some individuals may use service animals. Will this cause a problem? Yes No

If yes, please explain: _____

FUNDRAISING:

Fundraising is required as contestants will be responsible to pay for their travels and entrance fee to the national competition. Ms. Wheelchair Louisiana will provide a small grant but the responsibility remains on the titleholder. Are you willing and able to fundraise? Yes No

EDUCATION BACKGROUND:

High School: _____ Year of graduation or equivalent: _____

List all Colleges/Universities attended, including years attended, major course of study, and degree earned (if applicable): _____

EMPLOYMENT HISTORY:

List Occupations/Volunteer Activities and include relevant job or volunteer activities with brief description: _____

If chosen Ms. Wheelchair Louisiana, are you able to travel with your work/school schedule? Yes No

Can you commit to at least two activities per month? Yes No Can you travel statewide? Yes No

Describe current method of transportation (do you drive, do you have someone else drive, etc.): _____

ACTIVITIES/ACHIEVEMENTS/SPECIAL INTERESTS:

Please describe your involvement in the following categories:

ORGANIZATION, MEMBERSHIPS, ACTIVITIES (INCLUDE DATES): _____

AWARDS, SPECIAL ACHIEVEMENTS, HONORS: _____

HOBBIES, SPECIAL INTERESTS, INTERESTING INFORMATION: _____

COMMUNICATION SKILLS:

On a scale of 1 to 10 (10 being best), how would you rate your communications skills? _____

List Public Speaking experiences (limit of five): _____

List examples of Advocacy efforts (limit of five): _____

SELF PERCEPTION:

What five words best describe you? These will be printed in the program along with your picture, platform and biography.

1. _____

2. _____

3. _____

4. _____

5. _____

PLATFORM:

You will be asked to give a 1 ½ to 2 minute speech outlining your platform, and why this is important or significance to you and the disability community. **The speech will be timed and judged! Your platform is extremely important.**

Platforms should be about an issue that affects the disability community. Ms. Wheelchair Louisiana (MWLA) will share her platform at many engagements and appearances. This is your tool to educate people with and without disabilities. Your platform should be something you feel passionate about and are comfortable talking about. During the reign of MWLA, you will speak to many diverse audiences about your platform so it is important that your platform is strong, adaptable to various audiences, flexible, and not overly technical. MWLA's platform will be used throughout her reign.

Speeches may not include power points, slides, overhead projector, etc. The speeches will be presented to all guests attending the crowning ceremony and will be judged at this time. While notecards are permitted, judges may deduct points.

WHAT IS YOUR PLATFORM TOPIC IN A FEW WORDS:

PERSONAL MOTTO:

Your personal motto is your opportunity to inspire. The motto should be strong, inspirational, short, a catchy wisdom, quote, or sage advice. Your motto will not be judged, however, MWLA's motto will be used throughout her reign.

WHAT IS YOUR MOTTO: _____

BIOGRAPHY:

In the space below, please write a brief biography about yourself to be included in the program. If chosen MWLA, your biography will be used in press releases throughout your reign. Please limit your biography to **100 words or less**. If your biography goes over 100 words, we reserve the right to shorten it. When writing your biography, please write in third person. Things to include are: where you live, age, reason for wheelchair use, family/husband/kids, job, education, hobbies and/or activities you are involved with.

WHAT DO YOU FEEL YOU HAVE ACCOMPLISHED SINCE THE ONSET OF BECOMING A WHEELCHAIR USER?

HUMEROUS INCIDENT:

In the space below, please describe a humorous incident that has happened to you relating to or as a result of your disability. Please use back for additional space if needed.

ANY ADDITIONAL INFORMATION THAT YOU WANT THE JUDGES TO KNOW ABOUT YOURSELF:

You will not be judged on these things, but it gives the judges an idea of your personality, etc.

EMERGENCY CONTACT:

Name: _____ Contact Number: _____

COMPANION INFORMATION:

Each contestant should bring one companion. The companion is allowed at all the events of the day, except the personal panel interviews with judges. If the companion section is left blank, we will put you down as not having a companion.

Companion's Name: _____ Relationship: _____

Gender: Male Female Email: _____ Phone: _____

Describe special needs your companion may have (special dietary needs, mobility, etc.): _____

ADDITIONAL INFORMATION

MWLA is a program of the Brain Injury Assn. of Louisiana/Louisiana Chapter of United Spinal Assn.

For additional information, visit: www.biala.org

Questions? Email: kim@biala.org

Entrance Fee/Sponsorship Information:

There are two options for paying the entrance fee.

(1) Contestants can pay their own entrance fee of \$150.00.

(2) Contestants can secure sponsorship (s) from businesses, family, friends, organizations, etc. The sponsorship fee is \$300. Each contestant that is sponsored will receive one full page in the program to be used for sponsor advertisements and/or acknowledgments. The sponsorship fee can be divided between sponsors and all will share the full page. Sponsor logos and/or acknowledgements need to be emailed to info@biala.org by September 15th.

All fees must be included with completed application. Please make checks payable to BIALA. If you would like to pay online, please contact info@biala.org. Please include your name in the memo of all checks. Individual checks totaling sponsorship is allowed.

MWLA does not have any association with personal donations, therefore, is not responsible for personal donations. If you receive donations for personal expenses, checks must be made out to you personally, and these donations are **not** tax deductible. It is not permissible to use money donated for contestant sponsorship or checks made to BIALA toward personal expenses.

SPONSOR LIST:

Below, please list your sponsors. If you have more than one, please include it on the back.

Name/Company/Organization: _____

Contact Person: _____ Email Address: _____

****ALL APPLICATIONS ARE TO BE RECEIVED NO LATER THAN
September 1, 2021****

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Two (2) 5 X 7 vertical black and white or color pictures, label back of photo with your name. The portraits should be of your head and shoulders and must be of *professional quality*. **Emailing the photos is preferred.** This is for our program book.
- Payment - Option 1: Fee of \$150.00 if paid by Contestant. **OR** Option 2: Fee of \$300.00 from sponsor(s) check(s) payable to BIALA must accompany your application. Please include your name on the memo of each check submitted.
- Signed Release Form

INFORMATION FOR DAY OF EVENT

- Appropriate attire is required. Contestants are judged on thought and effort. It is preferable that the contestant dress in business attire for the day.
- No materials will be allowed in the judging room such as notecards, paper, etc.
- Contestants will be judged on two 10 minute private interviews with the judges, on their platform speech, and on two questions, one humorous and one serious.
- Judges will have copies of all contestant applications to review.
- Lunch will be provided.
- Additional details will be emailed to you prior to the competition.

The Crowning Ceremony, where you will present your platform speech, will be on Saturday, October 23rd, at 3:00 PM followed by a dessert reception. We encourage you to invite family, friends, and sponsors to attend the Crowning Ceremony and cheer you on. The entire two days will be held at Holiday Inn Express Downtown Baton Rouge... 400 North Blvd, Baton Rouge, LA 70802.

Please see Photo, Media, and Liability Release Form on next page. This must be signed and submitted with application.



Photo, Media, and Liability Release Form

Event: Ms. Wheelchair Louisiana Competition

Date: October 22-23, 2021

I, [REDACTED], understand that the submission of this application does not entitle me to participate in the Ms. Wheelchair Louisiana competition. I understand that I will be notified of my participation by BIALA. I understand that I will be asked to sign an additional contestant contract, sent to me at a later date, before I am considered an official contestant. 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 Louisiana competition/BIALA to use the information provided in this application in their publications for the competition and in any other publications regarding Ms. Wheelchair Louisiana/BIALA.

Photo, Media and Copyright Release

I, [REDACTED], do hereby grant the Brain Injury Association of Louisiana/LA Chapter United Spinal Association (BIALA), its employees, representatives, board members and volunteers the right to take photographs/videos of me and my property in connection with the above-identified event. I authorize BIALA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that BIALA may use such photographs/videos of me with or without my name and for any lawful purpose, including, but not limited to purposes such as publicity, marketing materials, social media, illustration, advertising, and Web content.

I have read and agree to the terms and conditions of this Photo, Media and Copyright release: [REDACTED] (participant and/or legal guardian initials)

Liability Release

The undersigned participant and/or legal guardian do hereby waive, release, absolve, forever discharge, and do further agree to indemnify and hold BIALA, its employees, board of directors, volunteers, and agents harmless from and all claims, damages, losses and/or expenses arising out of participation in BIALA activities/events. I/we assume all liability for any and all personal injury, bodily injury, illness, property damage or medical expenses that occurs as a result of participation in such activities/events. I/we also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against BIALA as a result of my/our participation in BIALA activities/events. Agreement to this Release also warrants that participation in this activity/event is voluntary and the participant and undersigned understand any risks involved in the activities/event. The participant agrees to obey all rules and policies mandated by BIALA.

I/we, the undersigned participant or legal guardian, hereby gives my/our consent to his/her participation in all BIALA activities/events. The undersigned participant and/or his/her legal guardian warrant that the participant is physically able to participate in all activities without undue risk.

I agree to all above terms and conditions of the Liability Release: [REDACTED] (participant and/or legal guardian initials)

Participant (signature): [REDACTED] Date: [REDACTED]

Legal Guardian (signature): [REDACTED] Date: [REDACTED]

(This release form must accompany the application.)