



Little Miss Wheelchair Texas



Nomination Form

Personal Information

Name of Little Miss Nominee: _____

Birth Date: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone: () - _____ Alternate Phone: () - _____

Type of Disability: _____

Cause and Date of Onset: _____

What resources does the nominee have for making public appearances? (Please explain)

Does the nominee use a wheelchair for daily mobility: _____

Power or Push Chair: _____

Personal Information of Nominator *(If different from Parent/Guardian)*

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone: () - _____ Relationship to Nominee: _____



Little Miss Wheelchair Texas



Academic

School: _____ Grade: _____

For the following items, we understand that ages of nominees will vary. Please fill out as questions apply to your nominee.

Personal

Volunteer, Community, or Extracurricular Activities: _____

Future Goals and Ambitions: _____



Little Miss Wheelchair Texas



Communication Skills

Public Speaking Experience: (specify examples)

List Examples of Nominee's Advocacy:

What five words best describe Nominee?

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



Little Miss Wheelchair Texas



Achievements

Awards, Special Recognition, Leadership, Honors Earned or Received After Onset of Disability

Other information (family, early life history, hobbies, etc.) you would like the judges to know about nominee:



Little Miss Wheelchair Texas



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 Little Miss Wheelchair Texas Pageant. I further understand that participation as a contestant is subject to action by the Board of Directors of The Ms. Wheelchair Texas Foundation and that this application may be rejected for reasons satisfactory to the Board.

Signature of Nominator _____ Date: _____

+++++

This application must be returned no later than

Please mail the application with:

Mail to:

The Ms. Wheelchair Texas Foundation
Amy Passmore
9659 N Sam Houston Pkwy E, Suite 150 #233
Humble, TX 77396

Any questions about the application? Call 281-704-7065
or email amyp@mswheelchairtexas.org

+++++

Ms. Wheelchair Texas Foundation Board use only

Date application received: _____ Received by: _____

Date application accepted: _____ Signature Board Member: _____