

Waller Family Leadership Award

APPLICATION FORM

Full Name: _____

Address: _____
Street *City* *State*

Email Address: _____ Phone Number: _____

Parent / Guardian Name: _____

Address: _____
Street *City* *State*

Email Address: _____ Phone Number: _____

High School: _____

Counselor Name: _____

Email Address: _____ Phone Number: _____

By providing my signature below (or signature of parent/guardian if applicant is under 18), I agree to the following:

1. Callie Waller or member of award committee may contact applicant's school counselor to verify that information provided is true and accurate.
2. This award is subject to IRS rules and potential tax liability. Recipient acknowledges that he or she will complete appropriate tax forms prior to receiving award. Failure to complete the forms disqualifies recipient from receiving award.
3. Recipient's name and photo may be used in social media and other marketing promotions for Callie Waller and/or Corcoran Classic Living.
4. Documents submitted will be treated confidentially, will not be returned to applicant and will be destroyed once recipients are selected.
5. Recipient must graduate from high school prior to receiving cash award.

Signature of Applicant: _____

Signature of Parent or Guardian: _____

