

# 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:** \_\_\_\_\_

*All parties agree and understand that affiliates and employees of Corcoran Classic Living are not eligible for this award.*

