



YOUNG PROFESSIONALS GROUP

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RECOMMENDATION FORM

This recommendation form is to be completed preferably by any member in good standing of NAIOP SoCal and returned by the sponsor **separately from the student application**, so it is **RECEIVED before 5:00 p.m. on Friday, March 10, 2023**, at the NAIOP SoCal office, 918 E. Santa Ana Blvd., Santa Ana, CA 92701, Attn. Becky Ezell. **Please attach a cover letter detailing your support for the candidate as this helps personalize your support beyond the general guidance of the requests below.** We respectfully ask that you carefully consider the qualifications of the candidate you are sponsoring since enrollment in the program is limited. All responses will be treated as confidential. <u>Each Sponsor may only recommend a maximum of two (2) applicants.</u>

NAME OF APPLICANT:	
COMPANY:	
YOUR RELATIONSHIP WITH APPLICAN Current Employer/Employee Long-Time Personal Relationship By Referral or Reputation	Current Client/Service Provider Occasional Social Contact Former Business Association

Please describe briefly why you believe the applicant would be a valuable contributor to the program?

Please describe any personal knowledge you may have of the applicant's leadership abilities, work ethic, personal and professional integrity.

Any other comments:





Please check one:		
Highly Recommend		
Recommend		
Endorsed as a courtesy		
Recommend with reservations		
Name of person making recommendation:		
	Please Print!	Member of NAIOP SoCal?(Preferred, but not mandatory)
Company:		
Tele.:	_ Email:	
Signature:		Date:
Please attach cover letter and mail so it	is RECEIVED b	oy Friday, March 10, 2023:
Becky Ezell, Director of Administration		
NAIOP SoCal		
918 E. Santa Ana Blvd. Santa Ana, CA 92701		
Santa Ana, CA 92701		

Please mark envelope ***confidential***

NOTE:

Tel. 714/550-0309

Recommendations may be submitted electronically to <u>bezell@naiopsocal.org</u> **PROVIDED** it is sent **DIRECTLY** from the sponsor or their assistant and includes an electronic signature.