



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 that it is RECEIVED before 5:00 p.m. on Friday, March 15, 2024, at the NAIOP SoCal office located at 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</u> Sponsor may only recommend a maximum of two (2) applicants.

NAME OF APPLICANT:		
COMPANY:		
YOUR RELATIONSHIP WITH APPLICAN Current Employer/Employee Long-Time Personal Relationship By Referral or Reputation	T:	Current Client/Service Provider Occasional Social Contact Former Business Association
Please describe briefly why you believe the	e applica	ant would be a valuable contributor to the program?
Please describe any personal knowledge y personal and professional integrity.	you may	have of the applicant's leadership abilities, work ethic
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:		
Phone:	Em	ail:
Phone:Signature:		
		Date:

NOTE:

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