

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 13, 2026**, may be submitted electronically to bezell@naiopsocal.org **PROVIDED** it is sent **DIRECTLY** from the sponsor or their assistant and includes an electronic signature, or 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. **Each Sponsor may only recommend a maximum of two (2) applicants.**

NAME OF APPLICANT: _____

COMPANY: _____

YOUR RELATIONSHIP WITH APPLICANT:

<input type="checkbox"/> Current Employer/Employee	<input type="checkbox"/> Current Client/Service Provider
<input type="checkbox"/> Long-Time Personal Relationship	<input type="checkbox"/> Occasional Social Contact
<input type="checkbox"/> By Referral or Reputation	<input type="checkbox"/> 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: _____

Member of NAIOP SoCal? _____
(Preferred, but not mandatory)

Company _____

Phone _____ Email _____

Signature _____ Date _____

Please attach a cover letter and mail it so that it is RECEIVED by Friday, March 13, 2026:

Becky Ezell, Director of Administration
NAIOP SoCal
918 E. Santa Ana Blvd.
Santa Ana, CA 92701
Phone #: (714) 550-0309

Please mark envelope ***confidential***

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.