



National Association of Residential Property Managers

Darryl Kazen Memorial Scholarship Recommendation Form

Scholarship Applicants Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Chapter Leader/RVP Information

Name: _____

Company: _____

Phone: _____ Email: _____

Recommendation

- High Recommendation
- Medium Recommendation
- Low Recommendation
- Do Not Recommend

Please explain recommendation (continue on separate sheet)

Leaders Signature

Date

Please email completed form to designationinfo@narpm.org