



National Association of Residential Property Managers

**Darryl Kazen Memorial Scholarship  
Recommendation Form**

**Scholarship Applicants Information**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

**Chapter Leader/RVP Information**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recommendation**

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

Please explain recommendation

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Leader's Signature

Date