



## LISA PALMER FELLOWSHIP

### Recommendation Appraisal Form

This form must be completed and submitted by recommender no later than **Monday, October 20, 2025** to [Foundation@ICSC.com](mailto:Foundation@ICSC.com).

Your Full Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of applicant being recommended: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

In 500 words or less, please tell us why you recommend the above-named applicant. In your response, please include the following details about the applicant: notable professional achievements, strengths and weaknesses, and any other information you think is worth sharing.

On a scale from 1 to 5 with 5 being "highly recommend" and 1 being "do not recommend at all," please rate how much you recommend this applicant for the Lisa Palmer Fellowship:

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐