



LISA PALMER FELLOWSHIP

Recommendation Appraisal Form

This form must be completed and submitted by recommender no later than **Tuesday, October 20, 2026** to 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 ☐