



**EMERGING YOUNG ARTIST AWARDS  
APPLICATION**

**This Application and the Play are due on or before the end of business day (5pm)  
February 3, 2025**

**Student Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Teacher's Name that recc. the competition \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Title of Play \_\_\_\_\_

**We hereby certify that the play submitted with this application is the original work of the above named student.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

**Email this form and your play to: [cbryan@palacestamford.org](mailto:cbryan@palacestamford.org) or mail to: Carol Bryan  
Palace Theatre 61 Atlantic Street, Stamford, CT 06901**