



The 12th Annual Ernie DiMattia Emerging Young Artist Awards

ATTN STUDENTS:

The Application and the Play must be received on or before the end of the business day (5pm) February 1, 2027

3 high school students will win monetary prizes for their writing of an original Fifteen-Minute, One Act play. One page typically equals one minute of stage time.

Criteria for the Play

1. Students must be in grades nine through twelve.
2. The play needs to be written by one person.
3. It must be written for **four characters or fewer** between the ages of 15-25 years old.
4. **Must be able to be performed on a single set without set changes".**
5. **Plays are rewarded if they are original, imaginative, moving and/or funny.** Strong language is acceptable if the circumstances of the play and the characters demand it.
6. Plays may not be overly divisive, or hateful.
7. Plays are best when the dialogue stays mostly in the **present tense**. Try to avoid characters telling each other what happened before the scene. Make the action about what happens NOW.
8. The play cannot be an adaptation; it must be your own original idea.
9. The play should have a beginning, middle and end. It should not be an excerpt from a longer work.
10. **Be certain your play isactable, and not written as a screenplay.**

Submit your play in a form that clearly distinguishes between characters speaking, their dialogue, and the stage directions. If you are in doubt, copying the format of a published play should be acceptable.

The winners will each receive \$500!

Email play and application to: cbryan@palacestamford.org. Plays Will Not be accepted if unaccompanied by an application. **TURN OVER FOR APPLICATION→→→→→**

THE PALACE

61 Atlantic Street, Stamford, CT 06901
P: 203-358-2305 | F: 203-358-2313 | Box Office: 203-325-4466
www.PalaceStamford.org



**EMERGING YOUNG ARTIST AWARDS
APPLICATION**

**This Application and the Play are due on or before the end of the business day
(5pm) February 1, 2027**

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 or mail to: Carol Bryan
Palace Theatre 61 Atlantic Street, Stamford, CT 06901**

THE PALACE

61 Atlantic Street, Stamford, CT 06901
P: 203-358-2305 | F: 203-358-2313 | Box Office: 203-325-4466
www.PalaceStamford.org