

THE CENTER PLAYERS

Applause Applause Scholarship Fund

516 E. Main Street
Elizabeth City, NC 27909
August 26, 2025

Dear Center Players Supporters:

I invite you to become a Friend of *The Center Players* as an **Applause Applause** donor which will showcase your name and/or business. All the **Applause Applause** monies go directly to the Scholarship Fund which will enable a child who applies to become a member of *The Center Players*. *The Center Players'* Mission is to create a nurturing environment that inspires young people to embrace the educational power of the arts, creates a passion for self-expression through performance and empowers young people to strive for excellence in all aspects of life.

The Center Players will be performing a revue show called, *A Night on Broadway*. A revue show opens the door for bigger casts and creates even more chances for our performers to step into the spotlight. If you would like to donate to the **Applause Applause** Scholarship Fund, please return the enclosed form by October 28th.

THANK YOU for supporting **Applause Applause**. Your continued support allows every child the opportunity to become a Center Player. If you have any questions, please feel free to call me at (252) 202-9596.

Sincerely Yours,

Judy Stallings
Coordinator



Join The Applause!

Your support will be honored on a donor sign and with a special thank-you from the stage.

Applause Applause Scholarship Donation

A Night On Broadway Revue Show - November 13th-14th

THANK YOU for becoming a Friend of *The Center Players* at the **Applause Applause** level. All funds received in this program go directly into the scholarship fund and 100% of the monies are used for scholarships.

Your contribution to *The Center Players*' production of *A Night on Broadway* will be recognized with your name and/or business displayed on a donor sign and acknowledged with a special thank-you at each performance.

Please fill out the form below, if you would like to donate to the Applause Applause Scholarship fund. **Please complete the form and return by October 28th.**

Donor Name: _____

Recognition

- Please list my **Name**
 Please list my **Business Name** _____
 I wish to remain **Anonymous**

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contribution

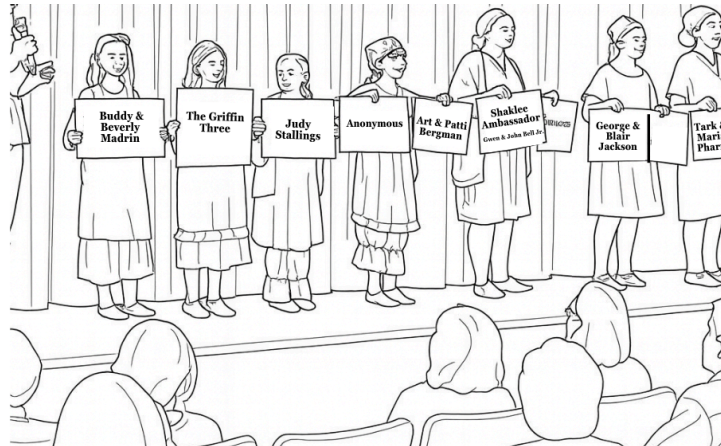
Each scholarship is \$100. You may sponsor one or more.

Number of Scholarships: _____

Total Contribution Amount: \$_____ (Number of Scholarships × \$100)

Please return this form with your contribution, payable to:

Arts of the Albemarle
c / o The Center Players
516 E. Main Street
Elizabeth City, NC 27909



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