



## **Fury Need** **Scholarship Application Instructions**

Louisville Fury, LLC has partnered with The Compassion Fund, Inc., a Louisville based non-profit 501(c)(3) charitable organization, to create a Fury Scholarship Fund (“Fund”) for the purpose of providing needed Club fee assistance to Fury volleyball players and their families, in times of unforeseen and other hardship circumstances.

To be considered for an award from the Fund, the attached application must be completed truthfully and **IN FULL** by an adult with legal responsibility for the player needing fee assistance. Failure to adequately explain or disclose all facts and circumstances related to the need for fee assistance may result in your application not being sent to the Fund’s Fury Selection Committee and/or being denied, as determined in the sole discretion of the Fury Club Director and/or the Fund’s Fury Selection Committee.

The Fury Club Director will serve as your **Advocate** during the application process. This means the application must be turned into the Club Director, who may ask you questions or request additional information about same. Once complete and approved for submission, the Advocate is the sole person authorized to (i) send the application and other information to the Compassion Fund / Fund’s Fury Selection Committee and (ii) receive communications from them regarding your application.

The Compassion Fund, the Fund’s appointed Fury Selection Committee (comprised of select persons from the Compassion Fund), and the Advocate shall maintain the confidentiality of your application and related information, and the name of any scholarship award recipient, unless you and the Fury Club Director agree otherwise. All funds awarded, if any, will be paid directly to Louisville Fury and applied to your club membership account.

The Fund’s Fury Selection Committee retains complete and sole discretion to decide whether your application and the need amount requested is approved, in whole or part, or denied. You hereby legally WAIVE any and all claims (of any kind) against Louisville Fury, the Advocate, the Compassion Fund, and/or any of their agents, consultants, owners, affiliates, committee or board members, and/or directors. Further, neither Fury nor the Compassion Fund can give you (or the award recipient) any advice regarding any potential implications of receiving a Fury Scholarship, tax or otherwise, and is in no way responsible for same. The Compassion Fund does report recipient awards to the IRS.



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## **Fury Need** **Scholarship Application**

### **A. Personal Information**

\_\_\_\_\_  
Parent or Legal Guardian Name

\_\_\_\_\_  
Player Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Place of Employment (mother)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Place of Employment (father)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Place of Employment (legal guardian)

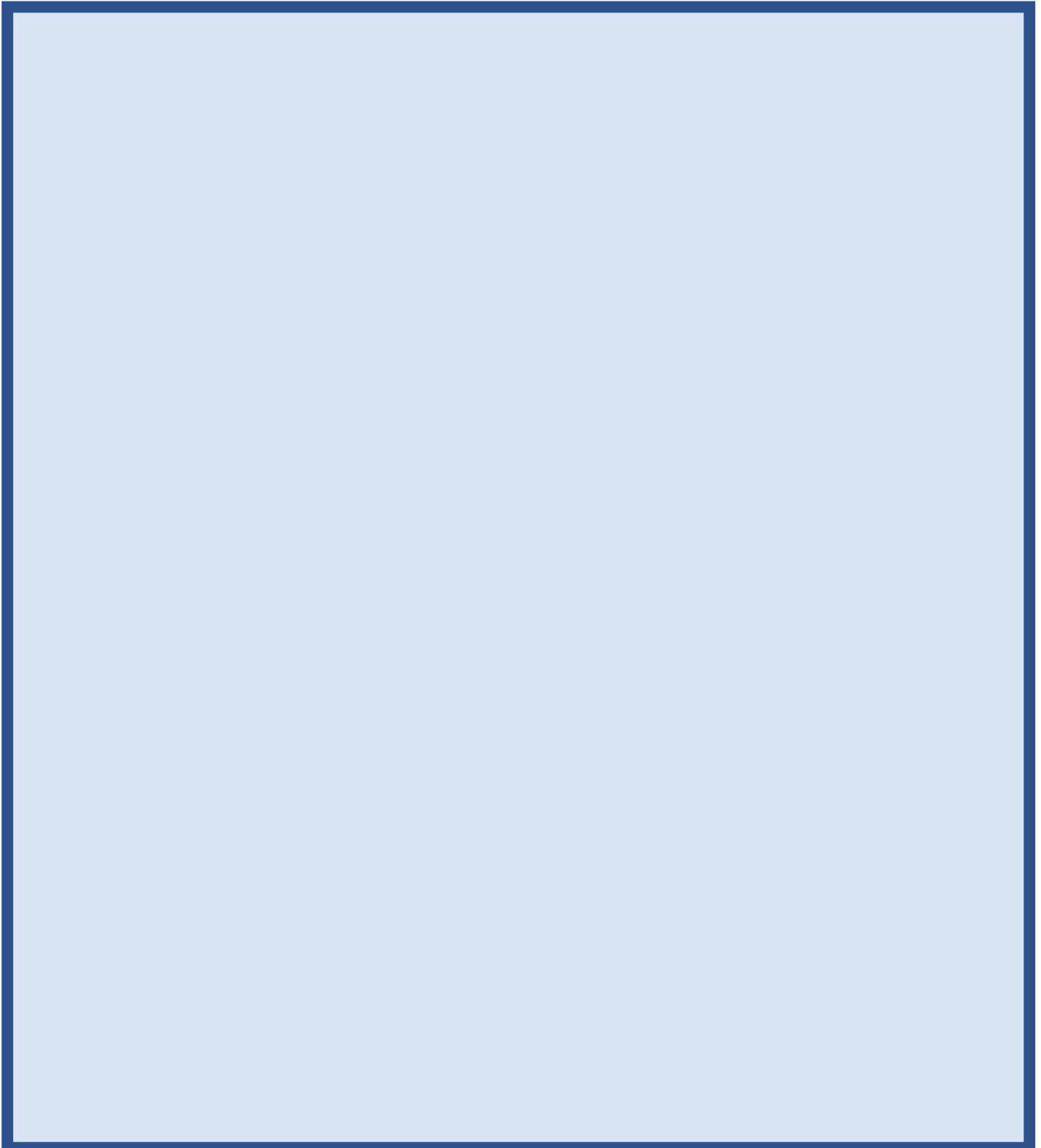
\_\_\_\_\_  
Title

\_\_\_\_\_  
Place of Employment (Player)

\_\_\_\_\_  
Title

## **B. Unforeseen Event or Other Circumstances of Hardship**

In the box below, please describe all circumstances you believe demonstrate eligibility and a need for fee assistance, including what efforts have been made already (unsuccessfully) to address the need. You are encouraged to attach documentation as additional support.



Need Purpose(s): \_\_\_\_\_  
(e.g., travel costs, tournament fee, uniform, club fee)

Invoice(s)/  
Estimate(s) Y / N  
Attached?

Need Amount(s): \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Total Need Amount:**      \$                     

### D. Advocate Testimony

**Advocate:**      Louisville Fury Club Director, Ward Lotze  
[furyvbc@twc.com](mailto:furyvbc@twc.com)  
(502) 548-6638

Advocate should provide a brief explanation of why s/he believes applicant should be considered for a Fury Scholarship, along with any other information s/he considers pertinent to the request.

By signing as a Parent / Legal Guardian below, I represent:

- ✓ All information in this application is current, true, and correct and that a Fury Scholarship is needed for the Player to participate in the Club.
- ✓ I have received, read, and understood the Fury Scholarship Application, including the Instruction Sheet, and agree with all terms. I have asked and obtained answers to any questions I had related to the Fury Scholarship process.
- ✓ It is my sole responsibility to learn (on my own) about any potential implications of receiving a Fury Scholarship award, tax and otherwise. I understand that if a Fury Scholarship is awarded, all approved funds will be paid directly to Louisville Fury and applied to my membership account.
- ✓ I (and the minor player) fully release Louisville Fury, LLC, the Advocate, The Compassion Fund, Inc. / Fund's Fury Selection Committee (and all of their employees, owners, agents, and representatives) from any and all liability, claims, and damages, of any and all kind, that are in any way related to the application and process for a Fury Scholarship, including but not limited to a potential award or denial, in whole or in part, of scholarship funds.
- ✓ If I file a fraudulent application, I understand that I may have to repay all funds awarded, plus all related costs and damages (including Fury's and/or Compassion Fund's attorney fees and costs) related to same. I could also be turned over to the authorities or subject to other legal action.
- ✓ I understand this document (instructions and application) and the Fury Scholarship award process may be amended at any time by Louisville Fury, with or without notice, subject to advance approval by the Compassion Fund.

\_\_\_\_\_  
**Parent or Legal Guardian Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

Based on the information disclosed to me, I believe the applicant(s) is potentially eligible for a Fury Need Scholarship and submit same for review to the Compassion Fund, with non-Compassion Fund committee approval.

\_\_\_\_\_  
**Advocate Signature, Louisville Fury, LLC**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**