

Fury Legacy Fund INC
110 Ridgewood Drive
Georgetown Texas 78628
Tax ID 82-4844861



2026-2027 Fury MP Fund Application

General Eligibility Information:

Players are eligible if:

- You are playing the current season with Texas Fury Volleyball Club
- They have a guardian, friend, or family member that works for a company currently participating in a matching program for 501(c)3 organizations.
- The individual working for the company that offers a matching program makes contributions to “Fury Legacy Fund” through the matching program based on the schedule provided below.
- Player’s account must be in good standings with Fury and any previous club to be eligible for a scholarship · Their initial deposit has been paid in full
- They have completed and turned in the MP Fund Application no later than August 15th, 2026

**All players are eligible to apply for financial assistance. Players not meeting the above eligibility requirements may apply for the Fury Legacy Fund Scholarship. Fury Legacy Fund does not maintain individual accounts. **

Contribution Schedule:

Contributions are eligible only if the rules & schedule below are followed:

- Contributions for the initial grant distribution should be made between August 1st 2026 and October 1st 2026
- Contributions for the secondary grant distribution should be made between October 2nd 2026 and January 1st 2027
- Any contribution made after January 15th 2027 will NOT be eligible for grant consideration and will be treated as a donation to the general Fury Legacy Fund Scholarship Fund.

Fury MP Fund Grants will be awarded by August 15th for initial and January 15th for secondary distributions

Additional Considerations:

- If there are multiple parents submitting for the MP Grant please submit separate applications
- Monthly payments and initial season deposits will not be refunded to the player or player’s parent from the grant distribution
- Grants will only be applied to player dues
- Grant dues cannot be applied to any other programs

Player’s Name: _____ Player’s Age & Team: _____

Address: _____

City, State & Zip: _____

Parent/Guardian Information (specific to person submitting for match)

Name: _____ Contact Number: _____

Employer: _____

Amount of Contribution: _____ Date of Contribution: _____

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SUBMIT Application to Nicole Krieg (txfurydirectork@gmail.com) by dates listed above

All documents submitted are kept strictly confidential