



**U.S. Chess Trust**

A Charitable, 501(c)(3) non-profit organization.

P.O. Box 838  
Wallkill, NY 12589  
info@uschesstrust.org  
www.uschesstrust.org

## Chess-for-Youth Application

Name of School/Group:

\_\_\_\_\_

Name of Principal/Director:

\_\_\_\_\_

School/Group Address (PO Box unacceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of students participating in the Chess-for-Youth Program: \_\_\_\_\_

Grades of those participating: \_\_\_\_\_ through \_\_\_\_\_

Name of the Chess-for-Youth Volunteer: \_\_\_\_\_

- Has your school/group ever instituted a program of this type before? If so, explain:
- Is your school/group willing to provide our Chess-for-Youth volunteer with adequate time and space for regular meetings, whether they be during school hours or after school? If so, please give details:
- Is there any possibility of expanding this program at some point — perhaps by starting a regular chess club for the school, or by holding inter-school activities (e.g., holding chess tournaments or matches with other schools)? If so, please explain:
- Other comments or ideas about the Chess-for-Youth program:

Thank you for sharing this information with us. We look forward to adding your school to our long list of schools across the United States already participating in the Chess-for-Youth program.



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*Please allow 8-10 weeks for processing.*

To check the status of your application, please contact **Al Lawrence** at **al@uschesstrust.org**.

Additionally, if you need further assistance in setting up your program or if you have any other questions, please feel free to contact us at **info@uschesstrust.org**.

**PARENTAL CONSENT FORM:** If you send us pictures and other materials please make sure that the parents of the students sign the following:

I hereby give permission for my child's photograph to be put on the U.S. Chess Trust's website at [www.uschesstrust.org](http://www.uschesstrust.org).

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

Signature of Principal: \_\_\_\_\_

Director/ Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_