



U.S. CHESS TRUST

Chess-for-Youth Application

U.S. Chess Trust
P.O. Box 838
Wallkill, NY 12589
info@uschesstrust.org

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. Please allow 4-6 weeks for processing. Additionally, if you need further assistance in setting up your program or if you have any technical 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.

Parent's Signature: _____

Signature of Principal: _____

Director/ Volunteer Signature: _____

Date: _____