



2023 CALL FOR PROPOSALS FOR RESEARCH ON ARSACS

APPLICATION FORM

IDENTIFICATION OF APPLICANT	
SURNAME :	FIRST NAME :
ADDRESS :	TEL. WORK : FAX : EMAIL :
DATE OF BIRTH (Year/Month /Day)	CITIZENSHIP : <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident of Quebec <input type="checkbox"/> Other : _____
LANGUAGE OF CORRESPONDENCE <input type="checkbox"/> French <input type="checkbox"/> English	
TITLE OF THE RESEARCH PROJECT ON ARSACS	

DOCUMENTS TO PROVIDE

The Applicant must submit the following documents by email in PDF format to the attention of Ms. Sonia Gobeil: ataxia@arsacs.com and sboivingobeil@gmail.com

1. **APPLICATION FORM:** The application form must be duly completed.
2. **RESEARCH PROJECT:** The Applicant must describe the research project for which funding is requested according to the Call for Proposal guidelines
3. **APPLICANT'S CV**

APPLICANT'S DECLARATION

I declare that the information provided is true and accurate and agree to the conditions described in this form for the financing opportunity.

Signature

Date