



Ataxia Charlevoix-Saguenay
Foundation

Research that heals

2025 CALL FOR PROPOSALS FOR RESEARCH ON ATAXIA OF CHARLEVOIX-SAGUENAY (ARSACS)

APPLICATION FORM

IDENTIFICATION OF APPLICANT	
SURNAME:	FIRST NAME:
ADDRESS:	TEL. WORK: 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: sgobeil@arsacs.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