



## 2026 CALL FOR PROPOSALS FOR RESEARCH ON ATAXIA OF CHARLEVOIX-SAGUENAY (ARSACS)

### APPLICATION FORM

| IDENTIFICATION OF APPLICANT   |  |
|---|--|
| SURNAME:  | FIRST NAME:  |
| ADDRESS:  | TEL. WORK:<br><br>EMAIL:   |
| DATE OF BIRTH (Year/Month /Day):  | CITIZENSHIP:<br><br><input type="checkbox"/> Canadian<br><input type="checkbox"/> Permanent Resident of Quebec<br><input type="checkbox"/> Other : _____ |
| LANGUAGE OF CORRESPONDENCE:<br><br><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](mailto: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.

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Signature

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Date