



Support program for people with familial ataxia

Application form

Ataxia Canada has created a support program for people with familial ataxia. A multitude of applications will be analyzed and fulfilled each year across Canada. Registrations will be accepted during the next two months. For every accepted application, the foundation will match up to 50% of the money raised by the donors and give up to \$ 2,500. The time allocated to each project will be up to two months. When 80% of the goal is reached, we will close the dossier two weeks later. However, if the target is exceeded, excess donations will be added to the service funds to further contribute to other requests. Similarly, we consider the probability of approving small projects of \$ 500 or less and covering them entirely.

Only one application may be submitted annually.

Registration must be completed and returned before: **May 31st 2019**

COMPLETE APPLICATIONS WILL HELP SPEAD UP THE PROCESS

1. Applications will not be processed until all of the following information is provided:

	Your completed application form
	Quote
	Picture

2. Funding:

Project cost: _____

Insurance funding: Yes No If yes, amount given: _____

Government funding: Yes No If yes, amount given: _____

Other funding: Yes No If yes, amount given: _____

Remaining project cost: _____

Please note that Ataxia Canada has staff available to assist you at any point, answer questions and give you support. To ask questions, gather support or simply get nformation please call 514-321-8684 or toll free at 1-855-321-8684.

3. Representative of applicant (if the form not filled by applicant):

Last name: _____ First name: _____

Relation to applicant: _____

Phone: _____ Ext: _____

Email: _____

4. Applicant information:

Last name: _____		First name: _____	
Birthday: (YYYY-MM-DD) _____			
Address: _____		App.: _____	
City: _____	Province: _____	Postal Code: _____	
Phone: _____		Ext: _____	
Email: _____			
Cover letter (or attach a copy):			

5. Health care professional:

Last name: _____		First name: _____	
Phone: _____		Ext: _____	
Fax: _____			
Occupation: _____		Place of work: _____	
Work address: _____			
Email: _____			
Letter of recommendation (or attach a copy):			

6. Terms and conditions:

By signing this form you allow Ataxia Canada to use your information (picture, name and story only) on its fundraising platform.

By signing this form you understand that Ataxia Canada has no responsibilities towards the equipment or service and is not a health care specialist.

You understand that Ataxia Canada cannot take on every project, but all projects will be evaluated and considered fairly.

Name: _____	
Signature: _____	Date: (YYYY-MM-DD) _____
Applicants representative name: _____	
Signature: _____	Date: (YYYY-MM-DD) _____