CLEAR Foundation 2026 Operating Grants Submission Form

Please note: All fields on this form are mandatory unless otherwise indicated as optional.

PRINCIPAL INVESTIGATOR INFORMATION

Proposed Project Title:

Principal Investigator Name:

Academic Institution Name:

Faculty and Department:

ACADEMIC INSTITUTION INFORMATION

Principal Investigator Name:

Signature:

Date:

Head of Academic Department:

Signature:

Date:

Research Director at Academic Institution:

Signature:

Date:

Additional comments (optional):

I confirm that I have read the Submission Criteria and am eligible to apply for the 2026 CLEAR Operating Grant.

◯ Yes ◯ No

I confirm that all required materials and supporting documentation have been included in my Submision.

◯ Yes ◯ No

For more information:
sheilascott@clearalzheimers.ca
www.clearalzheimers.ca/our-research