



THE LUDWIG VON MISES INSTITUTE

Tu ne cede malis

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STUDENT SCHOLARSHIP APPLICATION CONTACT INFORMATION

Name

E-mail

Date of Birth

Telephone (cell/mobile)

Address Line 1

Address Line 2

City

State

Zip/Postal Code

Country

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact

Telephone

SCHOOL/UNIVERSITY INFORMATION

School

Major/Program

Degree

Minor or Alternate Emphasis

(Expected) Date of Completion

Same as above

Residential Address at School

City

State

Zip/Postal Code

Tell us about your plans after graduation:

FACULTY REFERENCE

Name

E-mail

INTELLECTUAL DEVELOPMENT

Which conference are you applying to attend?

Why do you hope to attend?

Tell us several books or publications that influenced your intellectual development.

What else would you like us to know about you?

How did you hear about the Ludwig von Mises Institute?