

6733 Reynolds Rd, Mentor, OH 44060 lakecatholic@lakecatholic.org www.lakecatholic.org 440-578-1020

## **LIMITED POWER OF ATTORNEY**

, parent/guardian of,
(Name of Student(s))
reby appoint and authorize the Finance Director of Lake Catholic High School ("the "School") endorse and negotiate in my name and on my behalf, any and all checks, negotiable truments, warrants, vouchers, or payments ("Instruments") which are individually or jointly table to me in connection with the state of Ohio Educational Choice Scholarship (Ed-Choice) gram and/or the Cleveland Scholarship Program, and to deposit such Instruments, for the and benefit of the School, to be applied against the tuition owing with regard to the above-erenced student for the next four years or as long as my child attends Lake catholic High ool.
s Limited Power of Attorney applies only to Ed-Choice, Cleveland Scholarship, and/or Jon erson payments and shall not terminate unless and until the above-referenced student is no ger enrolled in the School and all tuition obligations have been fully satisfied.
executing this Limited Power of Attorney, I am agreeing to cooperate with representatives of School in further carrying out the terms and effects of the power granted herein, including taking of any steps or action necessary to assure that the proceeds of any Ed-Choice, weland and/or Jon Scholarship payments payable to my-our order are applied against the ion to which said payment(s) apply.
ve signed this Limited Power of Attorney on this day of, 20:
nature:
nted Name: