

LIMITED POWER OF ATTORNEY SPECIFICALLY AUTHORIZING THE FINANCE OFFICE OF SAINT IGNATIUS HIGH SCHOOL, CLEVELAND, OHIO, TO ENDORSE AND NEGOTIATE CHECKS ISSUED BY THE EDUCATIONAL CHOICE SCHOLARSHIP (ED-CHOICE) PROGRAM AND THE CLEVELAND SCHOLARSHIP PROGRAM SO AS TO DIRECT THE PROCEEDS TO SAINT IGNATIUS HIGH SCHOOL TO BE APPLIED AGAINST TUITION.

I	, and/or	, parent(s)/guardian(s)
of	, hereby appoint and a	uthorize the Finance Office of Saint
Ignatius High Schoo	ol to endorse and negotiate in my/our name/r	names and on my/our behalf, any and all
checks, vouchers o	r payments which are payable to my/our orde	er by or on behalf of the State of Ohio
Educational Choice	Scholarship (Ed-Choice) Program and/or the	Cleveland Scholarship Program to be
applied against the	e tuition owing on behalf of the above-referen	ced student to Saint Ignatius High
School. This limited	d Power of Attorney applies only to Ed-Choice	and/or Cleveland Scholarship payments
and shall not termi	inate unless and until the above-referenced st	udent is no longer enrolled at Saint
Ignatius High Schoo	ol and all tuition obligations have been fully sa	tisfied. In executing this Limited Power
of Attorney, I/we a	m/are agreeing to cooperate with representa	tives of Saint Ignatius High School in
further carrying ou	t the terms and effects of the power granted	herein, including the taking of any steps
or action necessary	y to assure that the proceeds of any Ed-Choice	e and/or Cleveland Scholarship
payments payable	to my/our order are applied against the tuitio	n to which said payment(s) apply.

Signature Parent 1: ______

Date: _____

Signature Parent 2:_____

Date:_____