

# St. Mark Parish



## LIMITED POWER OF ATTORNEY

I, \_\_\_\_\_, and/or \_\_\_\_\_, parent(s) / guardian(s) of  
(Name of Student) \_\_\_\_\_

hereby appoint and authorize the Business Manager of \_\_\_\_\_ (the "School") to endorse and negotiate in my/our name/names and on my/our behalf, any and all checks, negotiable instruments, warrants, vouchers, or payments ("Instruments") which are individually or jointly payable to me/us in connection with the State of Ohio Educational Choice Scholarship (Ed-Choice) Program and/or the Cleveland Scholarship Program, and to deposit such Instruments, for the use and benefit of the School, to be applied against the tuition owing with regard to the above-referenced student.

This Limited Power of Attorney applies only to Ed-Choice and/or Cleveland Scholarship payments and shall not terminate unless and until the above-referenced student is no longer enrolled in the School **and** all tuition obligations have been fully satisfied.

In executing this Limited Power of Attorney, I/we am/are agreeing to cooperate with representatives of the School in further carrying out the terms and effects of the power granted herein, including the taking of any steps or action necessary to assure that the proceeds of any Ed-Choice and/or Cleveland Scholarship payments payable to my/our order are applied against the tuition to which said payment(s) apply.

In witness whereof, I/we have signed this limited Power of Attorney on this \_\_\_\_\_ day of \_\_\_\_\_, 2021:

*By typing my name below, which shall constitute my electronic signature, I acknowledge that I am the parent or legal guardian of the Child(ren) named in this registration and have the authority to sign this document and act on his/her or their behalf. I agree that my electronic signature is intended to authenticate this writing and to have the same force and effect as my manual signature.*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_