

St. Jerome Church The Beacon on the Boulevard

15000 Lake Shore Blvd. Cleveland, Ohio 44110-1298 (216) 481-8200

I,_____and/or____



LIMITED POWER OF ATTORNEY

parent(s)/guardian(s) of	
(Name of Student)	3.
Hereby appoint and authorize the Business Manager or <u>Principal</u> , (the "School") negotiate in my/our name/names and on my/our behalf, any and all checks, negot instruments, warrants, vouchers, or payments ("Instruments") which are individ payable to me/us in connection with the State of Ohio Educational Choice Schola Choice) Program and/or the Cleveland Scholarship Program, and to deposit such for the use and benefit of the School, to be applied against the tuition owing wit above-referenced student.	iable ually or jointly arship (Ed- 1 Instruments,
This Limited Power of Attorney applies only to Ed-Choice and/or Cleveland payments and shall not terminate unless and until the above-referenced student 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 wit representatives of the School in further carrying out the terms and effects of the powherein, including the taking of any steps or action necessary to assure that the proc Ed-Choice and/or Cleveland Scholarship payments payable to my/our order are app the tuition to which said payment(s) apply.	ver granted eeds of any
In witness whereof, I/we have signed this limited Power of Attorney on this	day of
Signature:	
Printed Name:	_
Signature:	
Printed Name:	-