HOLY NAME High School
Established 1914

6000 Queens Highway
Parma Heights, OH 44130
Tel: 440.886.0300 Fax: 440.886.1267
www.holynamehs.com

LIMITED POWER OF ATTORNEY

I, _____, parent/guardian of_____,
(Name of Student(s))

Hereby appoint and authorize the Finance Director of Holy Name High School ("the "School") to endorse and negotiate in my name and on my behalf, any and all checks, negotiable instruments, warrants, vouchers, or payments ("Instruments") which are individually or jointly payable to me 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 am 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.

I have signed this Limited Power of Attorney on this _____ day of _____, 20____:

Signature: _____

Printed Name: _____