ST. SEBASTIAN PARISH SCHOOL
500 MULL AVENUE ✣ AKRON, OHIO 44320 ✣ 330.836.9107 ✣ stsebastian.org

LIMITED POWER OF ATTORNEY

I, _____, and/or _____, parent(s) / guardian(s)

of _____, hereby appoint and authorize the Business Manager of
(Name of Student)

St. Sebastian 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 Traditional/Expansion and/or Cleveland Scholarship payments and shall not terminate unless and until the above-referenced student is no longer enrolled at St. Sebastian 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.

Parent Signature: _____

Printed Name: _____

Date: _____