LIMITED POWER OF ATTORNEY

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

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

Manager of St. Mary of the Assumption (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, Ed-Choice Expansion, 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 _____, 20___.

Signature:_____

Printed Name:_____

Signature: _____

Printed Name:_____