

LIMITED POWER OF ATTORNEY SPECIFICALLY AUTHORIZING THE FINANCE OFFICE OF  
CUYAHOGA VALLEY CHRISTIAN ACADEMY (CVCA) TO ENDORSE AND DEPOSIT CHECKS ISSUED BY  
THE STATE OF OHIO EDUCATIONAL CHOICE SCHOLARSHIP PROGRAM (ED-CHOICE) SO AS TO  
DIRECT THE PROCEEDS TO CVCA TO BE APPLIED TO THE FAMILY TUITION ACCOUNT.

I \_\_\_\_\_ and/or \_\_\_\_\_

parent(s)/guardian(s) of

(student 1) \_\_\_\_\_

(student 2) \_\_\_\_\_

(student 3) \_\_\_\_\_

(student 4) \_\_\_\_\_

hereby appoint and authorize the Finance Office of CVCA to endorse and deposit in my/our name/names and on my/our behalf, any and all checks, vouchers or payments which are payable to me/us by or on behalf of the State of Ohio Educational Choice Scholarship Program to be applied against the tuition owing on behalf of the above referenced student(s) to CVCA. This Limited Power of Attorney applies **ONLY** to Ed-Choice payments and will terminate on June 30, 2024. In executing this Limited Power of Attorney, I am/we are agreeing to cooperate with representatives of CVCA 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 payments payable to me/us are applied against the tuition to which said payment(s) apply.

In witness whereof, I/we have set forth my/our hand(s) and signature(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name (print): \_\_\_\_\_

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

**Please note – CVCA is requiring all families to sign this limited power of attorney for processing the OEC payments for the 23-24 school year. We will not be able to complete CVCA's requirements in the OEC process without this form and a delay in submitting it to CVCA may result in your student's scholarship being pro-rated.**