

## SPECIAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: that \_\_\_\_\_  
residing at \_\_\_\_\_, City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, has made, constituted  
and appointed, and by these presents does make, constitute and appoint  
\_\_\_\_\_, of the City of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_, true  
and lawful attorney-in-fact for \_\_\_\_\_ in his/her name, place  
and stead and for the specific purpose of permitting said attorney-in-fact to endorse checks or  
execute any and all other documents necessary to allow the undersigned to qualify and be  
eligible for financial loans, grants, scholarships or any other type of financial aid whatsoever and  
said attorney-in-fact has full power and authority to act on my behalf and do and perform all and  
every act and thing whatsoever requisite and necessary to the execution of the powers herein  
granted, as fully to all intents and purpose as \_\_\_\_\_ might or  
could do for it personally present. \_\_\_\_\_ hereby ratifying  
and confirming all that his/her said attorney-in-fact should lawfully do or cause to be done by  
virtue of these presents.

This Power of Attorney shall become null and void after the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

IN WITNESS WHEREOF, \_\_\_\_\_ has hereunto set  
his/her hand on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**STATE OF WASHINGTON**

County of Walla Walla

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_

personally appeared before me,

\_\_\_\_\_ who is personally known to me

\_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_ whose identity I proved on the oath/affirmation of

\_\_\_\_\_, a credible witness

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
Printed Name of Notary

My commission expires \_\_\_\_\_

seal

**SAMPLE**

**SAMPLE - POWER OF ATTORNEY**

KNOW ALL PERSONS BY THESE PRESENTS: that your name  
residing at home address, City of city name, County of  
county name, State of state name, has made, constituted  
and appointed, and by these presents does make, constitute and appoint  
name of designee(s), of the City of city name,  
County of county name, State of state name, true  
and lawful attorney-in-fact for your name in his/her name, place  
and stead and for the specific purpose of permitting said attorney-in-fact to endorse checks or  
execute any and all other documents necessary to allow the undersigned to qualify and be  
eligible for financial loans, grants, scholarships or any other type of financial aid whatsoever and  
said attorney-in-fact has full power and authority to act on my behalf and do and perform all and  
every act and thing whatsoever requisite and necessary to the execution of the powers herein  
granted, as fully to all intents and purpose as your name might or  
could do for it personally present. Your name hereby ratifying  
and confirming all that his/her said attorney-in-fact should lawfully do or cause to be done by  
virtue of these presents.

This Power of Attorney shall become null and void after the \_\_\_\_\_ day of  
month, 2\_ year .

IN WITNESS WHEREOF, your name has hereunto set  
his/her hand on the \_\_\_\_\_ day of month, 2\_ year .

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date