

# LIMITED POWER OF ATTORNEY

Must be signed in the presence of a legal Notary Public

I, \_\_\_\_\_, the undersigned principal by these presents do make, constitute and appoint \_\_\_\_\_ my true and lawful attorney-in-fact, for me and in my name, place and stead and on my behalf, to do and perform for me anything of any character which I might do or perform for myself if personally present and acting with respect to the following matters only:

1. To endorse federal educational financial aid checks in my name
2. To endorse checks of my home University in my name; name of home University: \_\_\_\_\_
3. To endorse negotiable instruments of any character made payable to me and to cash the same or deposit to my account
4. To make deposits to and to draw checks upon any checking account or savings account in any bank wherein I maintain an account, whether in my name or jointly with another, and in general, to deal with the said bank accounts to the same extent that I might do if personally present and acting
5. To collect all sums due me from any sources, particularly any sums which are now due or may become due from the Government of the United States or any branch thereof, and to execute such instruments, endorsements or signatures thereto in my name as may be requisite or proper to facilitate the collection thereof
6. To make contracts on my behalf with respect to my care and upkeep, including the employment of a nurse or nurses, physicians or any other persons whose services should be needed for my physical or mental care and upkeep
7. To make contracts with respect to my care and treatment at any hospital, nursing home or institution, whose services are needed, in the opinion of my said attorney-in-fact, for my proper physical or mental care, maintenance and treatment
8. To purchase medicine, clothes, food, or other supplies for my benefit
9. Other: \_\_\_\_\_

I also give my attorney-in-fact full power to appoint someone else to act as my attorney-in-fact and full power to revoke such appointment. This Power of Attorney is executed pursuant to the General Statutes of North Carolina, Chapter 32A, and it is my intention that this Power of Attorney remain in effect, notwithstanding my subsequent incapacity or mental incompetence; and my attorney-in-fact shall keep full and accurate records of all transactions for me as my agent. It is my intent that my attorney-in-fact not be required to render inventories or accounts to the Clerk of the Superior Court or any other public official. This Limited Power of Attorney shall expire on \_\_\_\_\_, 20\_\_\_\_\_.

Address of Principal (Experience Abroad Participant) \_\_\_\_\_

Address of Attorney-In-Fact: \_\_\_\_\_

Telephone No. of Attorney-In-Fact: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Evening Daytime

IN WITNESS WHEREOF, I have executed the foregoing Power of Attorney this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_  
Signature

State of North Carolina, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me, the said named \_\_\_\_\_ to me and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instruments are true.

\_\_\_\_\_  
Notary Public's Signature My Commission Expires: \_\_\_\_\_