

To be completed by Accredited Program Provider:

Program Provider:

Program Provider Contact Name:

Program Provider Contact Email:

Student Name:

Student Billing Address:

Address Line 1

Address Line 2

City

State

ZIP code

Student/Family Email:

(to which UM invoice should be sent)

Program Semester/Year (e.g., Fall 2024):

Student expenses to be covered by 529 funding:

Program Tuition: \$

Credit Registration Fee: \$

**UM is only able to process 529 funding for program tuition and credit registration fees, not personal expenses such as gear, airfare, lodging, etc.*

Note: Students will NOT receive a tuition statement tax form (Form 1098-T) from the University of Montana, nor from the Gap Year Association. For tax purposes, in lieu of a Form 1098-T, we recommend that you maintain proof of tuition payment to your program provider and documentation of enrollment with the University of Montana in the form of a student ID number and/or official transcripts.

To be completed by the Gap Year Association:

Distribution of 529 funds by the University of Montana:

University of Montana: \$

Gap Year Association (Instructor Payroll and GYA Admin): \$

Program Provider (Program Tuition): \$