

2026 HIGH SCHOOL SUMMER AGRICULTURE PROGRAM



FOR GRADES 9TH-12TH

AGR 101 COURSE
JULY 5 - JULY 17

WEEK 1

1

The first week of the course covers soil basics, water cycles, capillary actions, water testing labs, topics of grains, hay, vegetables, orchards, greenhouse management, cutting and propagation techniques, plant and seed activities, and weekly reflections.

WEEK 2

2

Students will engage in Rangeland Forage discussions, covering topics such as toxic plants and planting zones, participate in hands-on demonstrations of plant pressing techniques, learn about digital farm management, and take part in farm tours around the Navajo Nation, culminating in a final presentation.

PROGRAM INFO

Diné College's Agricultural Science program prepares a new generation of land stewards with Navajo cultural and Western scientific knowledge. This generation will develop a sense of judgment and integrate these frameworks respectfully. Opportunities may involve dual credit or concurrent enrollment programs will build confidence, and spark interest in agriculture as high school students while earning college credits

PLEASE EMAIL YOUR APPLICATION COMPLETED WITH ALL DOCUMENTS SIGNED AND FILLED OUT AND POST-MARKED

BY

June 12, 2026 @ 5PM

REGISTRATION CONTACT

PO Box C01 Tsaile, AZ 86556
Benita Litson (928) 724-6940
blitson@dinecollege.edu
fsvecenti@dinecollege.edu

2026

Summer High School Ag Program

Application

AGR 408 Field Experience – June 8- 11, 2026

AGR 303 Beekeeping – June 14 -19, 2026

AGR 101 Introduction to Agriculture - July 5 - July 17, 2026

PLEASE EMAIL YOUR APPLICATION COMPLETED WITH ALL DOCUMENTS SIGNED AND FILLED OUT BEFORE COURSES BEGIN

Diné College's Agricultural Science program prepares a new generation of land stewards with Navajo cultural and Western scientific knowledge. This generation will develop a sense of judgment and integrate these frameworks respectfully. Opportunities may involve dual credit or concurrent enrollment programs, which will build confidence and spark interest in agriculture in high school students while earning college credits.

***NOTE: This event is a FREE event sponsored by the Land Grant Office and New Beginnings project. There is no application fee required. If all the open spots for the event have been filled, your child will be put on a waiting list based on the order of application submission. (This does not guarantee you will be selected unless notified of any changes. If any participants should cancel their application for any reason, their spot on the course is open, and the next participant will be notified. All Student participants must be fully vaccinated for COVID-19.

All high school applicants will need to enroll at Dine College and complete a class registration. Apply for Dine College Lodging with residence life. Contact (928) 724-6782 or email shbegay@dinecollege.edu

<https://www.dinecollege.edu/admissions/about-residence-life/>

Once complete, you will be notified via email or by Phone.

Transportation:

For those participants who need transportation, the Summer Ag program providers will supply a shuttle that will meet at a centralized location, dependent upon the number of participants from that region, and will transport participants to and from the course location.

Land Grant Office

P.O. Box C01

Tsaile, AZ 86556

For more information contact: Benita Litson at blitson@dinecollege.edu

THIS IS A DRUG AND ALCOHOL-FREE EVENT



2026
 Summer High School Agriculture program
Student Application
Please Print or Type. Do not leave any spaces blank.

PARTICIPANT INFORMATION

Name:		Date of Birth:	Gender: Male / Female (Please Circle)	
Mailing Address:		City:	State:	Zip Code:
Phone Number:		Alternate Phone Number:		
Email Address:		Have you taking AGR 101 course? Yes or No		
Tribal Affiliation	Select AGR Summer Courses: <input type="checkbox"/> AGR 101 <input type="checkbox"/> AGR 303 <input type="checkbox"/> AGR408		Primary Language Spoken in your home:	
Will you need transportation? Yes /No (please circle)				

PARENT/GUARDIAN INFORMATION

Mother Name:		Father Name:		
Mailing Address:		City:	State:	Zip Code:
Phone Number:		Alternate Phone Number:		
Employer Name:		Work Phone:	Other Contact:	

SCHOOL INFORMATION

School Name:		School District:		
School Address:		City:	State:	Zip Code:
Grade level				

COVID-19 VACCINATION INFORMATION

Are you fully vaccinated for Covid-19? Yes/No
 Please provide the date of all three of your vaccines:

EMERGENCY CONTACT INFORMATION

Name:	Relation:	Phone Number:
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2026

Summer High School Agriculture program

Parental Consent

Please Print or Type. Do not leave any spaces blank.

A medical provider will need this form before treating a minor's illness or injury. It need to accompany the student when seeking medical treatment.			
Name of Participant:		Date of Birth:	
Name of Parent or Legal Guardian:			
Mailing Address:	City:	State:	Zip Code:
Employer Name:	Work Phone:	Other numbers:	
MEDICAL INFORMATION			
Do you have any medical conditions or allergies? Yes or NO If yes, please explain:			
If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.			
Has the student had any major illness during the past year? _____ If so, please Explain:			
Date of last tetanus shot:	Are contacts or glasses worn? Yes or No (Please Circle)	Allergies to any medication:	
Does the student take any prescribed or over-the-counter medications? If so, what are they?			
Primary Care Physician's name:			
Address:		Phone:	
PARENT OR GUARDIAN AND WITNESS READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to the Tsaile Health Center, or medical personnel at another institution, to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.			
Parents Signature:		Date:	



Summer High School Agriculture program

Parental Consent

Please Print or Type. Do not leave any spaces blank.

I hereby give permission for my son/daughter to attend the Summer High School Ag program in Tsailé, Arizona. I understand that this event will be conducted in-person and I understand the Covid-19 risks of my child attending this youth event. I understand room and board will be provided at Diné College campus dormitory or at a designated camping site. Land Grant staff and educational mentors will service as chaperones 24-hour per day in the campus dormitories, camping grounds, and all daily activities. My son/daughter will be required to comply with the Summer Ag program rules and regulations, as well as all Federal, State and Tribal laws and regulations. I understand that under ARS §13-3620 Diné College program personnel are required to report any form of abuse inflicted on a child to authorities.

I understand that my child will participate in off-campus activities. I further understand that the Summer Ag Program will provide security and will supervise all off campus, planned activities of my child. However, all students must be in compliance with and abide by all rules, regulations and policies established by the Agriculture youth program. Diné College Land Grant Office and summer program providers will not be responsible for any accidents, injuries or other misfortune, which may occur as a result of a participant's violation of these rules, regulations or policies.

If the student decides to leave the summer course voluntarily before the advertised end date, the Ag program providers will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after her/she leaves the Agriculture program designated course locations. The Ag Summer program providers reserve the right to dis-enrollment a student at any time due to a violation of any rule, regulation or policy established by the Ag program providers.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one's own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the Ag summer program employees and I hereby undertake to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health; that being physical, mental and emotional, and that each person has a different capacity for participating in these activities.

The Ag program providers shall not be liable for any injury to my person or loss to my personal property arising from, or in any way resulting from my voluntary participation in these activities. I declare having read and fully understand this parental permission form and informed consent agreement in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet to be true and accurate.

PHOTO RELEASE

I give permission to the Diné College Land Grant Office to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes. _____(Initial)

Student's Name Signature Date Print

Legal Guardian's Name Parent/Legal Guardian's Signature Date Print Parent/





On-campus Housing Terms/Conditions

1. The student agrees to pay the duly prescribed charges for the semester during the term of the contract.
2. Students living in residence halls are required to purchase a meal plan.
3. Residence Life requires a security deposit for Student Housing. All deposits are due before move-in. Security deposit for Residence Life Halls are \$150.00. See **RL Handbook**, for Types of Security Deposit Refunds.
4. Students living in the Residence Halls must be registered for, and complete, a minimum of twelve-credit hours of coursework per semester and minimum of six-credit hours for the entire summer. Residence life will consider exceptions to this policy. Should a student move from the residence hall at any time during the contract period; she/he agrees to vacate their room within twenty-four (24) hours. **See catalog for Refund Policy.**
5. This contract is for space only and the college reserves the right to make changes in assignment when the college deems necessary. Room and hall assignment may be denied, changed, or cancelled by the college in the interest of health, safety, discipline or maximum use of space. Students who wish to make a room or hall transfer during the contract period must make arrangements through the Residence Life Office.
6. It is understood that rooms in the residence halls are exclusively for registered students ONLY and under no circumstances may the student sublet their room.
7. The college reserves the right to enter a student's room for the purpose of inspecting the premises when an authorized agent of the college has reasonable belief that:
 - a. An occupant of the room is physically harmed or endangered;
 - b. College property is being damaged;
 - c. College policy is being violated;
 - d. Maintenance and/or repair is necessary;
 - e. Room inspections
8. Students are required to attend all mandatory meetings within residence life. Each resident is responsible for keeping their room clean and for preventing damage beyond reasonable wear to college property. Resident will participate in maintaining cleanliness of common spaces. Damage charges will be billed to the resident when damage occurs or after the resident checks out at the end of the semester.
9. College property may not be removed from the room or residence halls (*i.e. moving lobby furniture into the individual room*).
10. Student's guest, visitors or relatives wishing to stay overnight in the student's room is **NOT** permitted.
11. For reason of health and safety, care or boarding of pets in or around the residence halls is prohibited.
12. Refrigerators between 1.6 to 3.3 cubic feet, small coffee makers, and TVs 40" or smaller are allowed in the residence hall room. Microwaves, exposed heating appliances (e.g. toaster, hot plates, air fryers, etc.), large cooking appliances, or other heavy electrical appliances are **NOT** permitted in the room. Communal Kitchens with large appliances are available in each Hall.
13. The college will not assume responsibility for the loss or damage of personal property in the residence halls and campus parking lots. Students are responsible for abiding by college fire and safety regulations, including evacuating during fire drills and alarms. Candles, incense, kerosene lamps or other similar items are **NOT** allowed in residence halls.
14. The use of the fire place for cooking meals is **NOT** permitted in residence halls. Smoking, Vaping, and the use of other tobacco products are **NOT** permitted inside the halls. Residents should use outdoor designated smoking areas. Students must be 21-years of age to use any tobacco product.
15. Quiet Hours are to be observed between the hours of 9:00pm to 8:00am, Monday thru Sunday. The student agrees to avoid disturbing the occupancy of others in the residence halls and **NOT** to cause any undue noise by loud playing of stereos, televisions, loud talking, etc.
16. Reading Week, Mid-Term and Final Exam Week, Quiet Hours are 8:00pm to 8:00am, including weekends.
17. Visitation is permitted in the hall rooms only from 10:00am to 10:00pm and room door must remain open.
18. Students have 24-hours to move out from the assigned room after taking last final exam. Residence Life Staff will remove any belongings left in the room or in storage after the expiration of the contract.
19. The College respects all religious beliefs and practices that remain consistent with the Student Code of Conduct. **Smudging** is allowed within Residence Life; however, it requires approval from the Residence Life office beforehand. For more details, review the RL Handbook, pg. 34.
20. College Transportation services are available for scheduled events (*i.e. grocery/shopping trips, and medical appointments at Tsaile Health Center; evening store trips to local gas stations*) and subject to availability of Staff. Residence Life will **NOT** provide emergency transport services.
21. Possession of firearms or other weapons that will cause bodily harm are **NOT** permitted in Residence Life. Firearms, Knives, or any device may **NOT** be stored in the student room (*i.e. BB/ pellet guns, bow/arrows, swords, blades, Taser, paint guns, etc.*); this also includes decorative weapons (*i.e. replica guns, cultural weapons, etc.*)
22. The student agrees to comply with the Navajo Tribal Code, Student Code of Conduct and applicable State and Federal Laws with regards to possession, use or distribution of fermented malt beverages, intoxicating liquors and illegal drugs and agrees that his/her room shall not be used for any purposes contrary to law.
23. The student agrees that the college may terminate this contract and take possession of the room at any time for violation of this contract, or any College rules, or regulations, or for Health reasons.



On-Campus Summer Housing Application

I am applying for on-campus housing for the following semester/session:

SUMMER SESSION I 20____ SUMMER SESSION II 20____

Student must reapply each semester for on-campus housing.

Housing registration coincides with semester registration schedule, where student must be registered full-time to apply for on campus housing.

The following documents must be submitted to Residence Life Office before application is considered complete and reviewed.

- Completed and Signed Residence Life Application
- Background Check Clearance (*5yr history and must be updated yearly*)
- Official Class Schedule (*Must be full-time each semester/term*)
- Verification of Income (*Pell Grant, Scholarships, Etc.*)
- Assumption of Risk, Waiver of Liability and Indemnification Agreement
- \$150.00 Refundable Security Deposit (*must be paid with Cashier's Office (928) 724-6684*)

ResLife Use Only:

Assigned Hall/Rm	Key#
Check-in Date	
Residence Life Staff	

STUDENT INFORMATION:

LAST NAME	FIRST NAME	MI	STUDENT ID #
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BIRTHDATE	MAJOR (DEGREE SEEKING)
CURRENT MAILING ADDRESS		CITY	STATE ZIP CODE
PHYSICAL HOME ADDRESS		CITY	STATE ZIP CODE
CELL NUMBER (CALL/TEXT)		Diné College Email Address	

EMERGENCY CONTACT:

NAME	PHONE #	RELATION TO STUDENT
NAME	PHONE #	RELATION TO STUDENT

ROOM AND MEALS:

NOTE: Student may not use their Financial Aid for Room Deposits and all students living at Residence Life are required to be on the Warrior Meal Plan.

<input type="checkbox"/> 5-weeks Session Double Occupancy \$190.00 Room cost \$300.00 Meal cost ----- \$490.00 Total cost	<input type="checkbox"/> 5-weeks Session Single Occupancy ** \$290.00 Room cost \$300.00 Meal cost ----- \$590.00 Total cost	<input type="checkbox"/> 10-weeks Session Double Occupancy \$380.00 Room cost \$600.00 Meal cost ----- \$980.00 Total cost	<input type="checkbox"/> 10-weeks Session Single Occupancy** \$580.00 Room cost \$600.00 Meal cost ----- \$1180.00 Total cost
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****Single Occupancy Requirements:**

- Request for Single Room Occupancy will be reviewed on a case by case basis. Single Room request are available to Bachelor-level students with a CGPA of 3.5, and Non-Traditional Students who are 40 years of age or older. Single room requests will **ONLY** be honored if room vacancies are available.
- Student must be in good Academics & Social Standing. NO previous incidents on file with Residence Life Office or Campus Security. Student may NOT have been previously on Residence Life Probation or have been evicted from Residence Life.

SOURCE OF INCOME:

How will you be paying for your on-campus living expenses? Please mark all that apply

Pell Grant: Did you submit your FAFSA with the Financial Aid Office?

Scholarships – (Navajo Nation, Chapter, Private, etc.)

Other – Please list: _____

- If student is paying out of pocket, a payment plan is required with Student Accounts prior to moving in.
- And any/all financial resources/awards will be verified with Financial Aid Office.

MEDICAL:

Do you have any medical condition(s) that require attention OR taking any prescribed medication? (Ex. Seizures, Allergies, Inhalers, EpiPens, Insulins, etc.)

No

Yes. Explain and list all medication.

ACCOMMODATIONS:

Do you have any special accommodation needs? ADA accessibility?

No

Yes.

Must Meet with the Disability Support Services, and have proper documentation on file

CONVICTIONS:

Have you ever been convicted of a felony or do you have any criminal charges?

No

Yes.

Individuals with repeated criminal offenses, Federal, State, and Navajo Laws/Code, must undergo a review. A committee will evaluate the application and may deny eligibility if the person’s actions could negatively affect other residents.

Any student with a felony charge or designation as a violent or sexual offender is ineligible for student housing. Failure to disclose any convictions will subject you to potential revocation of your on-campus housing assignment.

ACKNOWLEDGEMENT:

By signing this application, I certify that all information given in this application is complete and accurate, as well as acceptance of the Residence Life Policies found in the Residence Life Handbook. I also understand that incomplete, inaccurate, or fraudulent responses to the questions asked in this application, or failure to notify the Residence Life Office of any changes may result in denial or eviction from Residence Life.

Student Signature

Date

PARENT SIGNATURE REQUIRED FOR STUDENTS UNDER 18YO

By signing this application, I acknowledge that I am the Parent/Guardian of the student, and I certify that all information given in this application is complete and accurate. I understand that my child shall adhere to the Residence Life Policies, College Policies and Procedures, including the Student Code of Conduct.

Legal Parent/Guardian Print Name

Signature of Legal Parent/Guardian

Date



DINÉ COLLEGE
Office of Admissions
P.O. Box C-02
Tsaile, Arizona 86556



REQUEST FOR OFFICIAL CERTIFICATE OF INDIAN BLOOD

TO: (This form will be sent to your Office of Vital Records Agency Office)

I am applying for admission to Diné College. Diné College requires an official Certificate of Indian Blood (CIB) to complete my admission. I am requesting for my OFFICIAL Certificate of Indian Blood (*Stamped & Sealed*) to be mailed to the following address:

Diné College Office of Admissions
P.O. Box C-02
Tsaile, Arizona 86556

I am providing the following information necessary to locate my records:

Student Name: _____ Maiden: _____

Census Number (**Required**): _____ Date of Birth: _____

Mother's Name: _____ Mother's Maiden Name: _____

Father's Name: _____ Navajo Chapter Affiliation: _____

Student's Mailing Address: _____ Contact Number: (____) _____

If you are under the age of 18, you will need consent and signature from a parent or legal guardian. By the signature below, the information provided above is true and correct to the best of my knowledge, and to confirm the accuracy of the above information.

Authorized Signature: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Print Name: _____ Date: _____

***(*Required parent signature if the student is younger than 18 years old*)

Agency Offices:

Navajo Nation Office of Vital Records
P.O. Box 3240
Window Rock, AZ 86515
(928) 871-6386
(928) 871-6397 Fax
novri@navajo-nsn.gov

Chinle Office of Vital Records
P.O. Box 2527
Chinle, Arizona 86503
(928) 674-2387/2279
(928) 674-2280 Fax
novri_chinle@navajo-nsn.gov

Tuba City Office of Vital Records
P.O. Box 1510
Tuba City, Arizona 86045
(928) 283-3425/3404
(928) 283-3378 Fax
novri_tubacity@navajo-nsn.gov

Fort Defiance Office of Vital Records
P.O. Box 290
Fort Defiance, Arizona 86504
(928) 871-6386/7210/7211/7212
(928) 871-6397 Fax
novri_ftdefiance@navajo-nsn.gov

Shiprock Office of Vital Records
P.O. Box 60
Shiprock, New Mexico 87420
(505) 368-1371/1334/1373
(505) 368-1134 Fax
novri_shiprock@navajo-nsn.gov

Crownpoint Office of Vital Records
P.O. Box 148
Crownpoint, New Mexico 87313
(505) 786-2034/2377/2371
(505) 786-2037 Fax
novri_crownpoint@navajo-nsn.gov



DINÉ COLLEGE
Office of Admissions
P.O. Box C-02
Tsaile, Arizona 86556



OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

TO: *(High School's name and mailing address)*

I have applied for admission to Diné College and I am requesting for my OFFICIAL High School Transcript *(Stamped & Sealed)* to be mailed to the following address:

Diné College Office of Admissions
P.O. Box C-02
Tsaile, Arizona 86556

High School Transcript Date of High School Graduation: _____

High School
Equivalency Score (GED) Date of Equivalency (GED) Received: _____

Student Information

Full Name: _____ Maiden: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

If for any reason, this attestation of high school graduation or GED completion is found to be false or untrue, I understand that I will not have met an admission requirement for Diné College and I will not be considered a regular student and, thus, will be subject to immediate dismissal.
Furthermore, I understand that if this attestation is found to be false or untrue, all Title IV financial aid and any state or institutional financial aid that was distributed on my behalf must be refunded to the appropriate source and that I will be responsible for payment to Diné College for any and all money refunded.
By my signature below, I attest that the information provided above is true and correct to the best of my knowledge. I authorize Diné College to contact my high school or GED testing facility to confirm the accuracy of the above information.

Authorized Signature: _____ Date: _____

Diné College Office of Admissions admissions@dinecollege.edu
P.O. Box C-02 Tsaile, Arizona 86556 Phone: (928) 724-6634/6638 Fax: (928) 724-3349



Student Information Release Form (FERPA)

Subject to certain exceptions (known as Directory Information) set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Diné College will not provide personally identifiable student information to third parties without the student's signed, written permission. This information includes, but is not limited to: registration, student financial records, assessments, financial aid, and other student records.

You, the student, may grant Diné College permission to release authorized information to a third party by submitting this completed form. Third parties include, but are not limited to parents, spouses and third-party sponsors. A separate form must be submitted for each person/agency to which you wish to grant access to your information. **Authorized information will be provided only upon request by, and proof of identity of, the third party.**

Print Student Information			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Student ID Number</i>
<i>Current Mailing Address (Street, City, State, ZIP)</i>		<i>Current Phone Number</i>	
Print Third Party Designee: PERSON			
<i>Name</i>		<i>Relationship to Student</i>	
<i>Address (Street, City, State, ZIP)</i>		<i>Birthdate</i>	<i>Last 4 Digits of SSN</i>
Print Third Party Designee: AGENCY			
<i>Name</i>			
<i>Address (Street, City, State, ZIP)</i>			<i>Phone Number</i>

Information Types Allowed (Check one or more of the boxes below to grant authorization):	
<input type="checkbox"/>	Registration, academic performance/standing, class schedule, transcripts and/or enrollment information (Registrar's Office)
<input type="checkbox"/>	Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory academic progress (Financial Aid & Scholarships Office)
<input type="checkbox"/>	Finance-related records, including billing statements, charges, credits, payments and past due amounts (Finance Office)
<input type="checkbox"/>	Student conduct and related disciplinary actions taken by DC (Student Residence Life)

Incomplete, incorrect, unsigned or undated forms will not be accepted and will be returned to the DC employee witnessing the form; if witnessed by a notary public, the form will be returned to the student.

By submitting this form, you are not giving the third party authorization to speak, act, or sign any documents on your behalf. If you are contacted by phone by any college department, the college reserves the right to speak only to you and no one else.

Certification: By signing below, I consent to the release of the personal student information specified above to the individual or agency listed.

Student Signature *Date*

A DC employee or Notary Public must witness the signing of this form. This student has granted that information be released to the individual/agency named above.

Diné College Employee Printed Name *Signature* *Date*

Submit to the Registrar's Office for processing and a copy to Student.

NOTE: If you have any questions or need further clarification, please contact the Registrar's Office at (928) 724-6630/6631 or the Admissions Office. at (928) 724-6634.