

2025 Summer High School Ag Program Application

High School Agriculture Summer Program - July 6 - July 18, 2025

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.

*****NOTE: This event is a FREE event sponsored by the Land Grant Office and New Beginnings project. There is no application fee required.**

*****NOTE: If all the open spots for the event have been filled your child will be put on a waiting list based in-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 camp is open, and the next participant will be notified**

*****NOTE: All Student participants must be fully vaccinated for Covid-19. Two Week long Agriculture Course- July 6, 2025, to July 18, 2025**

All high school applicants will need to enroll with Dine College and complete a class registration. Once complete you be notified via E-mail or by Phone.

Transportation:

For those participants that 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.

**PLEASE MAIL YOUR APPLICATION COMPLETED
WITH ALL DOCUMENTS SIGNED AND FILLED OUT AND POST-MARKED
BY**

July 3, 2025 @ 3PM

**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



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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 attended the camp before? Yes or No | | |
| Tribal Affiliation | How did you hear about the camp? | | 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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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 Tsale 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: | |



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Student's Name _____

Please limit each answer to approximately 200-250 words. Please use the space below if additional space is required, please use additional paper (include your name on the top right hand side if attaching a separate sheet of paper).

Please share with us: In what way have you showed interest or in any way have experience in agricultural science or farming?

[illegible]

How do you plan to incorporate your newfound knowledge learned during this summer course into your family and community?

[illegible]

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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 Tsaile, 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/

